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ABSTRACT

Guidelines address California's procedures for the operation of programs for handicapped infants and preschool children. Legal requirements of P.L. 94-142, the Education for All Handicapped Children Act, and the California State Plan are reviewed. Program guidelines focus on eligibility, child assessment, placement in the least restrictive environment, individualized education programs, parental involvement, curriculum activities, related services, administration and personnel, due process provisions, and evaluation activities. Three primary sources of funding are described: preschool incentive grants, state discretionary funds, and federal demonstration funds. Four appendixes include a list of screening and diagnostic instruments appropriate for young children and abstracts of 22 programs serving infants and preschoolers. (CL)

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Handicapped Infant and Preschool Children: Program Guidelines

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Prepared under the direction of
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Preface

The concepts of early education for the handicapped contained in the California Master Plan for Special Education, Senate Bill 1870 (1980), Assembly Bill 3075 (1980), and the Education for All Handicapped Children Act, Public Law 94-142 (1975), are not entirely new. California's permissive programs begun in the post-World War II era have grown in number and are now maintained by most of the larger school districts and counties in the state. In recent years the state has demonstrated an increasing commitment through regional centers, development centers for the handicapped, private agencies, Handicapped Children's Early Education Demonstration and Outreach Projects, Head Start, state permissive and innovative programs, and Title VI-B implementers. These established programs have provided quality services consistent with the concepts contained in Senate Bill 1870 and Public Law 94-142. The enactment of Master Plan legislation (AB 4040, AB 1250) and Public Law 94-142 gave clear direction and stimulus to change service patterns for preschool children.

The commitment to provide quality service to California's young handicapped population is not new, but widespread implementation and the conversion of policy into appropriate practice are recent. According to the December 1, 1979, California child count, approximately 21,000 handicapped children ages birth through four years were receiving special education services. On the basis of incidence figures in other states, the Department estimates that 5 percent of the total birth through age four population is handicapped. This 5 percent incidence figure means that approximately 25 percent of the handicapped preschoolers were being served in our public school programs of California. Moreover, among the many agencies serving this population there has been a wide disparity in services and curricula, with little consistency from program to program.

To address these needs, the State Department of Education convened an Ad Hoc Committee on Early Childhood Special Education during 1977. The committee focused on one major objective--the development of guidelines and recommendations for agencies planning and implementing programs for young children with special needs. The result is this publication. It is offered not as an absolute standard but as a compilation of major items to be considered in planning and conducting programs for infant and preschool age children with exceptional needs in the public and private sectors.

This document should serve as an important resource for those who are initiating services or are seeking ways to improve and expand those services.

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Chapter 1

Introduction

California has been a nationwide leader in providing educational programs for handicapped children since 1860, when the state's special school for the deaf and blind was established in Berkeley. In more recent years, in spite of serving approximately 350,000 school-age children, an increasing awareness has developed -- the special needs of the preschool population.

Clearly, there is much to gain from effective and comprehensive programs in special education for the preschool child. If an adequate program is provided to children at an early age, it is possible to reduce significantly the full impact of their disabilities and, consequently, to increase their potential for better growth and independence.

Thus, in 1974, the California State Board of Education and the California State Legislature passed the Master Plan for Special Education, which represented both a conclusion and a commencement to the provision of new and improved early education programs for the handicapped.

Further impetus to this movement was provided on November 29, 1975, when Public Law 94-142, the Education for All Handicapped Children Act, was passed. It incorporated the intent to provide special education and related services to all exceptional children, including those three to five years of age. Section 612(b) of the Act says that:

> A free appropriate public education will be available for all handicapped children between the ages of three and eighteen within the state not later than September 1, 1978, and for all handicapped children between the ages three and twenty-one within the state not later than September 1, 1980, except that, with respect to handicapped children age three to five ... the requirements of this clause shall not be applied in any state if the application of such requirements would be inconsistent with state law or practice....

In California, Education Code Section 56001(b) states, "Early educational opportunities are available to all children between the ages of three and four years and nine months who require intensive special education and services." Part (c) indicates "early educational opportunities may be made available to children younger than three... and their parents." Individual protections and due process language in 56001(d) emphasizes that any children served who are younger than 4.9 years "shall be afforded the protections provided by this part and by federal law...."

In the development and improvement of programs for young exceptional children, at least three elements need the attention of planners and implementers:

1. Assessment: Establishing procedures which base a child's individual education program and placement on something more than a single clinical testing session or instrument

2. Parent/family involvement: Promoting effective parent involvement beyond the minimal requirements of the law

3. The least restrictive environment: Arranging cooperative agreements between special education and other agencies, such as child care programs, state preschool, and Headstart (both public and private) to serve exceptional children together with nonhandicapped peers

Each of these important elements is discussed elsewhere in this publication.

The reader is asked (1) to review carefully and apply the recommendations contained in this publication to programs and services currently being considered or implemented; and (2) to view the manual as a preliminary document. Meanwhile, readers are asked to communicate their concerns and recommendations to the California State Department of Education, Office of Special Education, Preschool Program Coordinator, 721 Capitol Mall, Sacramento, CA 95814.

Chapter 2

Legal Requirements

The California Master Plan for Special Education was established originally as a pilot program in Assembly Bill 4040/74. Through the enactment of follow-up legislation (Assembly Bill 1250/77, Assembly Bill 3635/78, Senate Bill 1870/80, and Assembly Bill 3075/80), the Master Plan was refined on the basis of information obtained from the pilot program. The 1980 revisions, which became operative in July, 1980, also reflected the mandates.

California's Master Plan implementation schedule, with its new mandates for service, will in effect phase in additional services to the preschool handicapped population (ages three through four years nine months) throughout the state. The implementation of the Master Plan is to be completed by the 1981-82 fiscal year, by which time all individuals with exceptional needs three to four years nine months of age will be receiving special education and services. Services will no longer be permissive. Regardless of district residence, preschool children with exceptional needs will have equal access to a free appropriate public education. Table 1 shows the schedule for statewide implementation of the California Master Plan for Special Education.

Table 1

Special Education Master Plan Phase-in Schedule
for Students Three Through Twenty-One Years of Age

Fiscal year	Number of special education service regions	Total percent of handicapped served	Percent of yearly increase
1977-78	10	11	11
1978-79	17	19	8
1979-80	23	33	11
1980-81	90 (est.)	97 (est.)	67 (est.)
1981-82	95 (est.)	100	3 (est.)

Sections of the Education Code and the California Administrative Code, Title 5, Education, that embody the master plan address specific provisions of programs that affect services for exceptional children from birth to four years nine months of age. The reader is encouraged to review these particular sections within the context of SB 1870 when planning new or extended services:

1. Education Code sections 56001 (a) through (o); 56026 (a) through (c)(2), (d), and (e); 56027, 56300-56303; 56341(d); 56368; and 56608.

2. California Administrative Code, Title 5, Education, sections 3101(h), (n); 3102. (At the time of printing, new Title 5 regulations to accompany SB 1870, AB 3075 had not been developed. New regulations are due late in 1981 and should be noted at that time.)

The Title 5 provisions, including parent involvement and due process procedures, meet the requirements specified in Public Law 94-142 which have

primary significance and are discussed in more detail in Chapter 3. Because these rules and regulations have been so widely disseminated and apply to all public schools in the state, they will not be reproduced here. Pertinent citations, however, are provided as follows:

1. Public Law 94-142, section 612(1)(A)(B)(C).

2. Title 45, Code of Federal Regulations, sections 121a.220, 121a.222, 121a.223, 121a.300, and 121a.304.

According to the December, 1979, child count, over 650 young handicapped children were either unserved or inadequately served. However, it is evident that the state (through local agencies) is increasingly willing to either directly provide or coordinate the alignment of the appropriate human and financial resources necessary to meet the needs evidenced by these young children. By taking advantage of existing expertise and combining it with program guidelines, program planners can make great strides in making the promise of the California Master Plan for Special Education and Public Law 94-142 become a reality.

Chapter 3

Program Guidelines

In recognition of the growing number of programs throughout the state providing services to infants and preschool children with exceptional needs, program guidelines need to be established for the identification, assessment, placement, and education of these children.

Who is Eligible?

As referred to in Chapter 2, eligibility requirements for early intervention are contained in the Education Code and in the California Administrative Code, Title 5, Education. "Individuals with exceptional needs" are defined by Education Code Section 56026 as those pupils who satisfy the following:

> (a) Identified by an individualized education program team as a handicapped child as that term was defined in subsection (1) of Section 1401 of Title 20 of the United States Code as it read July 1, 1980.
>
> (b) Their impairment, as described by subdivision (a), requires instruction, services, or both which cannot be provided with modification of the regular school program.
>
> (c) Come within one of the following age categories:
>
> (1) Younger than three years of age and identified by the district, the special education services region, or the county office as requiring intensive special education and services, as defined by the State Board of Education.
>
> (2) Between the ages of three and four years and nine months, inclusive, and identified by the district, the special education services region, or the county office as requiring intensive special education and services, as defined by the State Board of Education.
>
> (d) Meet the eligibility criteria set forth in regulations adopted by the Board, including, but not limited to, those adopted pursuant to Article 2.5 (commencing with Section 56333) of Chapter 4.
>
> (e) Unless handicapped within the meaning of subdivisions (a) to (d), inclusive, pupils whose educational needs are due primarily to unfamiliarity with the English language, temporary physical disabilities, social maladjustment, or environmental, cultural, or economic factors are not individuals with exceptional needs.

Master Plan implementers must serve the three through four years and nine months age group now and may serve children younger than three. By 1981-82 this mandate will be statewide; by that time all school agencies will be involved in Master Plan implementation.

Through its continuing search/child find effort, the state is committed to identifying all individuals, from birth through twenty-one years of age, who are in need of special education services (California Administrative Code,

Title 5, Education, sections 3101--3103, 3301--3302). By way of summary, the state has also made a commitment to serve those children requiring intensive special education and services, as determined by the individualized education program team, and who are between three and four years, nine months of age.

The child whose needs may not require intensive services may still be served by local educational programs or through referrals to other agencies. It is important to remember that without appropriate services at an early age, a child with less intensive needs may well regress. The earlier a handicap is identified and appropriate services provided, the more amenable a child's condition is to amelioration.

Thus, school personnel conducting the search effort throughout the state should be thoroughly knowledgeable about community resources, public and private, that can serve young handicapped children. Referral to an appropriate program is an important first step. Follow-up to ascertain if services are needed is the necessary second step, and the final step is to ensure that recommended services are provided where appropriate.

Child Assessment: Activities and Implications

The Education Code and the California Administrative Code, Title 5, Education, regulations define assessment procedures, the basic elements of which are referenced in Table 2.

Table 2

Child Assessment Citations
from the Education Code and the
California Administrative Code, Title 5, Education

Source	Citations
Education Code sections (as per SB 1870)	56001(j); 56026(a), (d),(e); 56029; 56320-56337; 56341(c), (d); 56342-56345; 56381; 56506(c)
CAC, Title 5 sections (pre-SB 1870)	3105; 3109-3110; 3101(h)

In brief, the California search effort continues to locate children, from birth through age twenty-one, who are in need of special education services. Anyone in the community--parent, professional, friend--may refer a child who may be in need of and eligible for special education and related services to the

local educational agency for initial screening. Pending results of screening, the assessment shall be made by a multidisciplinary group of persons, consistent with state and federal laws and regulations (Education Code Section 56322[a]). Should special education and services be indicated by the assessment, such can only occur upon a recommendation by the individualized education program team (Education Code Section 56323), hereafter referred to as IEP-T.

However, rather than the prescribed duties of the IEP-T, a functional approach to the assessment of young children is presented here. Three distinct but related levels of assessment exist: screening, assessment for placement, and assessment for program planning.

Screening

The purpose of screening, which may be conducted by personnel outside of special education, is to separate children into those who have no apparent problems and those who may need further assessment. Typically, screening is a short procedure and is not considered a diagnostic procedure. However, the results of screening should provide enough information about the child to decide whether he or she is a candidate for a more thorough diagnostic study. In addition to school screening activities, children can be referred to such other agencies as a local child health and disability prevention clinic or to other agencies which perform developmental screenings and evaluations. Figure 1 shows a common initial sequence of activities leading to assessment and placement.

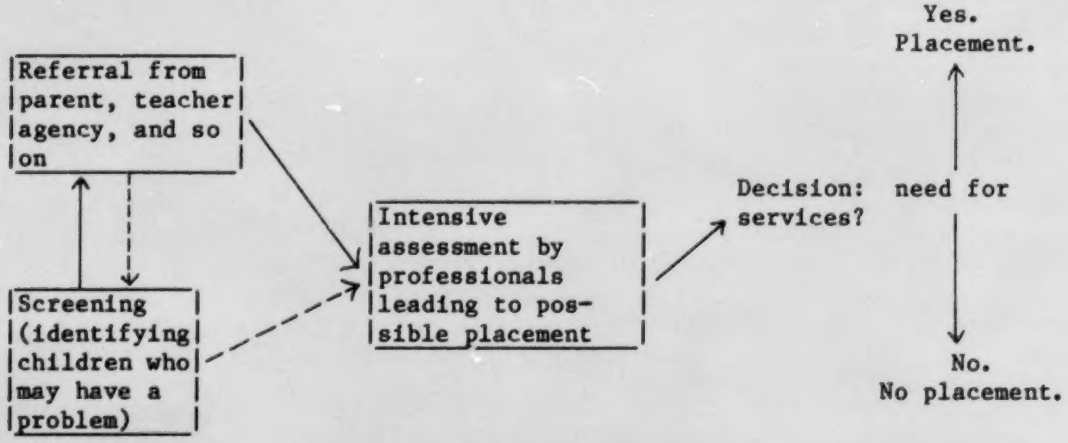
Referral from parent, teacher agency, and so on
Screening (identifying children who may have a problem)
Intensive assessment by professionals leading to possible placement
Decision: need for services?
Yes. Placement.
No. No placement.

Fig. 1. Activities leading to placement (modified from Lillie, in Cross and Goin, 1977)

A wide variety of published screening instruments are available. Basically, they include (1) instruments that assess development across areas such as language, self-help skills, cognition, socialization, and motor skills; and (2) instruments that concentrate on a particular area of development. If a specific handicapping condition is suspected, the initial screening instrument could be one that examines the developmental area most likely to be affected. Another option is to select a wide-range screening device and only administer that portion of the test applicable to the suspected problem. A third option is to select a wide-range screening instrument and administer the entire test

to all children referred for screening. The last option is preferred in most cases because it is likely to produce more information about each child's functioning level. If screening yields information that shows a deficit in a particular area, the results will also show, in all likelihood, areas of strengths. Furthermore, an overlap exists between development in the different areas; i.e., a deficit in one area may affect other developmental areas. The more relevant the information available, the more likely it is that the correct decision will be made regarding the need for further testing.

Selection of a screening instrument should also be based, to a great extent, on the appropriateness of the instrument for the children being screened. Other factors to consider are time required for administration, ease of administration, credibility of the instrument, amount of training required to use the instrument appropriately, and cost factors. Appendix A contains an annotated list of some screening instruments currently in use.

Assessment for Placement

Assessment for placement is a process designed (1) to provide information and confirm or disprove the existence of a problem serious enough to require special education and related services; (2) to clarify the medical and educational nature of the problem; and (3) to provide enough information about a child's functioning levels to make a decision on the appropriate placement of the child in a treatment or educational program.

Multidisciplinary diagnostic procedures are necessary to achieve the foregoing three-step process and must collectively determine appropriate elements of the IEP. Procedures for assessment must also adhere to the current provisions of the California Administrative Code, Title 5, Education, sections 3152 and 3304.

Assessment for placement may also be carried out by agencies other than the public schools in cooperation with the schools. For example, child health and disability prevention clinics may sometimes conduct an in-depth assessment. Each area's regional center is responsible for complete diagnostic examinations of individuals who are developmentally disabled. Agencies such as the California Children's Service and Easter Seals provide diagnostic services, as do pediatric clinics which feature multidisciplinary teams doing developmental evaluations. Regardless of where the assessment takes place, the IEP-T is encouraged to coordinate services whenever it is appropriate to do so to ensure multidisciplinary involvement and thoroughness.

There is one other important kind of "assessment for placement" which early childhood educators may use if a referred child is already in some kind of class or group setting such as Head Start, private nursery school program, family day care home, children's center, or special education class. Extended observations, sometimes called diagnostic observations, are most appropriate and essential for young children whose development is puzzling and for whom a clear diagnostic decision appears difficult to make. In these cases IEP-T representatives can observe and monitor the child's progress. The information gathered over a period of time will improve the deliberations and decisions concerning the most appropriate placement.

Assessment for Program Planning

In addition to eligibility and placement considerations, the assessment should also address the development of curriculum for the child. The assessment for program planning identifies specific strengths and weaknesses in the child's abilities, learning style, and level of functioning and will aid in the planning of daily activities. Several guidelines may be used in collecting and interpreting this information. It is important to emphasize that these assessment guidelines are vital not only for initial placement but for an ongoing process after placement as well.

What is needed in curriculum assessment is the following:

1. A systematic assessment that is age-appropriate, comprehensive, and thorough should be made.

2. Parents should be closely involved as a source of background data and current behavioral information.

3. If the child is already in a preschool setting, the teacher and related professionals should be involved in assessment:

   a. The teacher can take advantage of the rapport between the child and the classroom setting.

   b. During the assessment the teacher can observe the learning styles, strengths, weaknesses, and behavior characteristics of the child and compare observations with those of the parents.

   c. The teacher can assist the team in planning appropriate goals and objectives for the IEP.

4. During the collection and interpretation of assessment data, the nature of the child's needs should be kept in mind. It may be necessary to adjust a test item or area because of a handicapping condition. Such adjustments may be necessary to determine the skill an item is designed to assess and to decide whether modification is possible or appropriate.

5. The effect of a child's prior experiences on his or her concepts and abilities should be taken into account. For example, if a child does not have access to a tricycle, it is highly unlikely that, even with the prerequisite motor skills, the child will be able to ride a tricycle on the first trial.

6. Curriculum assessment may be conducted with the use of instruments which match the philosophical model of the educational program; e.g., behavior modification, exploratory, and so on. Appendix C contains an annotated bibliography of some of the curriculum assessment measures currently in use.

Assessment for placement and program planning could be treated even more extensively in view of the unique demands of this population. Special skills and techniques are required of the IEP-T. Through careful selection of participants, useful assessment of young children will be made.

In summary, the screening or referral process, followed by assessment, can be used to:

1. Determine the child's strengths.
2. Determine the child's weaknesses.
3 Determine how the child performs given tasks.
4. Determine specific existing behaviors the child consistently exhibits.
5. Plan the child's individual curriculum, including annual goals and short-term instructional objectives.
6. Determine possible program placement.
7. Evaluate the child's progress.
8. Assess goals and objectives and evaluate programs.

Special Considerations in Assessment of Young Children

Many regulations apply to all individuals tested by the IEP-T. Additional considerations are, however, appropriate for children ranging in age from birth to five years old: (1) involvement of parents in the assessment process; (2) locations where assessments should occur; (3) importance of informal assessment; and (4) abuses and limitations of testing.

Involvement of Parents

Rules and regulations requiring parental involvement at a variety of levels are discussed elsewhere in this publication. Although the letter of the law specifies activities and provisions, the spirit of the law (as well as past research) points out additional areas in which parental involvement is important.

In referral, assessment, and program placement, parental involvement may be a crucial prerequisite in obtaining both the quantity and quality of information required to make the best decisions. How the child functions within the family unit is an important key to educational planning. Parents also know what their child can do and how he or she does it. They can provide information that may not be apparent from assessment measures--what works and what doesn't. They know when they first suspected something might be wrong, and they know what others have said about their child's development. They will also know whether the behavior seen during assessment is typical. With very young children it may not always be possible to assess every behavior directly. Parental observations, recorded systematically, may be one functional method of assessing skills in such areas. Assessment by parents and professionals, observing and contributing to the assessment process, will yield more reliable information than either would working alone. Therefore, it is recommended that parents contribute to and observe the assessment process. Several screening and assessment instruments are designed as parent questionnaires. (See Appendix B for an annotated list of some diagnostic instruments currently in use.)

Locations for Assessments

When a location for assessment is being selected, consideration should be given to the type of assessment to be done, the age of the child, the type and severity of the handicap, the type of information sought, and the place in which the parent and child are likely to be at ease and comfortable.

If specialized equipment or medical procedures (or both) are recommended by the IEP-T, suitable professionals or facilities (or both) will have to be provided. Certain kinds of testing require a unique environment, such as a soundproof room for an audiological examination. In addition, the child's problems may require assessment by a team of medical specialists.

If a lengthy and intensive assessment is to be conducted by the IEP-T, then other factors should be considered. Young children who are severely handicapped may tire easily and may be so distracted by an unfamiliar environment that valid results may not be possible. A home, hospital, or school can be made comfortable, without distractions.

A home visit allows other types of information to be noted, such as the availability of toys and other learning materials; the nature of interactions between parent and child and child and siblings; and the availability of neighborhood children for play. Although the time and distance required for home visits may present problems for public school personnel, the visits are worthwhile. For example, it is easier to ask and answer questions in a home setting. Table 3 lists several areas of possible assessment, the personnel involved, and the type of information that might be obtained as a result.

Importance of Informal Assessment

How a child accomplishes a task can be as important to note as whether the task was accomplished. The time between question or request and answer or response may indicate the child's comprehension and expression skills. In replacing pieces in a form board, does the child do this by trial and error? Or does the child make the discrimination visually before replacing the circle, square, and triangle? How does the child respond to praise, failure, frustration? How long does he or she stay on task? Does the child ask questions? Is he or she curious about you or what you brought with you? Is the child cooperative? How does the child explore, and what learning styles does the child favor? Is the handicap in one area affecting other areas as well? These are only some of the questions that should be asked during assessment. Observing how the child performs will, in all likelihood, provide as much or more information than a test score.

Assessment of a young child with handicapping conditions must account for constant changes and growth. Programs must, therefore, prepare for ongoing assessment procedures and activities. In this way assessment results, including systematic observations by parents and professionals, will provide a vital base of timely information on the child's current functioning level, needs, and areas of strength. This procedure will enable the development of the best possible updated program for the child and family.

Abuses of Testing and Limitations

The first area of concern is test selection. One major abuse has been to use a screening instrument to make placement decisions or, worse, to label a child. No single diagnostic test is appropriate for all children, or sufficient alone to base decisions upon. In fact, to use a single test in this manner is prohibited by law. A number of variables must be considered in the selection of

Table 3

Overview of Assessment Options

Area of investigation	Personnel involved	Type of information obtained
Social and cultural history	Parents, siblings, and a social worker, teacher, or program specialist	Information on functioning of the total family unit; parent and peer relationships; meaning of child's problem to other members of the family
Physical examination	Physician or nurse practitioner	Child's general health at present; review of medical history; physical problems
Hearing examination	Audiologist	Detection of hearing impairment
Vision examination	Optometrist or ophthalmologist	Detection of any visual impairment
Neurological examination	Physician/Neurologist	Extent of any central nervous system impairments; an EEG and other tests detect possibility of seizures or other malfunctioning
Psychological examination	Psychologist or psychiatrist	Data may reveal learning strengths and weaknesses, learning style; compare child to normative standards and psychological adjustment
Language and speech evaluation	Language, speech, and hearing specialist	Child's ability to understand and use sounds, words, phrases, and concepts
Educational examination	Teacher, psychologist, or program specialist	Detailed developmental history and assessment to determine child's current level of functioning, learning style, and abilities

tests for a particular child, including the age of the child and the areas to be tested. A large number of tests on the market do not meet certain minimum standards of quality. Items not to be used are tests and manuals not revised in the past 15 years; manuals not containing explicit statements of the purposes and applications of tests; manuals not specifying the qualifications needed for administering or interpreting test results; and tests lacking norms or validity and reliability data (Gallagher, 1972). Moreover, standardized instruments themselves are often inadequate for making placement decisions for the young handicapped child. The three main reasons are:

1. Low predictive validity of standardized measures of young children.

   Standardized assessment measures used for young children do not correlate very highly with their future performance. Therefore, any estimates of future performance must be made with extreme caution. This is particularly important in estimates of intelligence or scholastic ability. Test studies should address the limitations of the testing device and the limited time frame within which the score applies.

2. Inappropriateness of tests to handicapping conditions.

   A child's handicap can interfere with test performance in two ways:

   a. It can directly impair the child's test performance. This occurs, for example, when a child with cerebral palsy is physically unable to work puzzle items on measures of "reasoning ability."

   b. The handicap has probably limited the child's previous opportunity to get the information or practice necessary to complete the test items. In this case the test's validity for that child is impaired because the norms are based on the assumption that all children have had equal opportunities to work with similar materials and have had similar experiences.

3. Negative reactions to the assessment situation.

   It is difficult to assess young children accurately by means of individualized tests--whether the children are handicapped or not. For example, young children may be afraid of strangers, and rapport may be difficult to establish.

The special considerations appropriate for child assessment addressed in the above section suggest the need to establish and follow processes and procedures that will provide the best possible assessment services for the child.

Placement in Least Restrictive Setting

Public Law 94-142, Section 612 states that:

> ... each state educational agency shall ensure that, to the maximum extent appropriate, handicapped children are educated with children who are not handicapped. Special classes, separate schooling,

> or other removal of handicapped children from the regular educational environment should occur only when the nature or severity of the handicap is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

In addition, Senate Bill 1870/80 modified the Education Code to state that "special education is an integral part of the total public education system and provides education in a manner that promotes maximum interaction between handicapped and nonhandicapped pupils in a manner which is appropriate to the needs of both" (Education Code Section 56031).

The least restrictive environment or setting denotes a continuum of delivery systems. Restrictive refers to the degree of interaction with nonhandicapped children available in a particular educational setting. The child's needs and strengths largely determine which placement or service is the most appropriate and just where on the continuum the child fits best. Table 4 lists various program options the IEP-T could consider when selecting the most appropriate placement for the child.

In California, model programs exist for many of these options. (See Appendix D for abstracts of some of them.) Several arrangements make the Option 2 program particularly desirable for preschool children:

1. A combined group of nonhandicapped and exceptional children together with their combined staff

2. A part-time special class and a part-time regular program

3. A resource room available daily to an exceptional child in a regular program

4. Special services provided in the regular classroom

Even if a child must be assigned a special class, some interaction with nonhandicapped peers is possible. For instance, home-based services can be provided in one home with one or two additional parents and their nonhandicapped children participating as well. Self-contained, center-based early childhood programs, if housed in a regular public school facility, also provide opportunities for interaction with nonhandicapped peers, for example, through music, art, field trips, and so on.

Members of the IEP-T (including the parents) must be thoroughly knowledgeable about the various program options available in the community. They should observe these programs and be aware of the type, amount, and quality of resource assistance available.

Administrators or their designees need to do more than determine available options. If a local early childhood education program is strong, yet lacks one or two services or program components needed by an exceptional child, the administrator can work within the local agency to develop them. Thus, a less restrictive environment may be made available to an exceptional child.

Table 4

Overview of Program Options

Program	Description	Suitability
1. Regular program	A regular program in which one or more exceptional children participate	These programs often have made some modifications to include children with special needs. With appropriate modifications and support services, these programs are frequently the best choice for the young exceptional child.
2. Regular program / Special program "Blend"	Any of several shared arrangements between regular and special education programs or services	Children whose handicap demands an environment with more modifications than can be provided by the regular program may profit from these programs and services with advantages of role-modeling opportunities and learning stimulation.
3. Special program "Reverse mainstreaming"	A reverse mainstream model in which some nonhandicapped children are brought into a special educational setting	This design serves children with needs similar to program 2. It may make it possible to combine a specially designed and tailored physical facility with the wider range of social experiences.
4. Special program / Special program "Cross-categorical special classes"	Any of several types of cross-categorical special education programs in which there are children with different kinds of handicaps but common needs	Cross-categorical classes can provide some of the diversity of social experiences of a regular classroom for the child whose needs are best met in a special education setting.
5. Special program	Self-contained special education program serving children with common learning needs	These programs may be appropriate for children whose needs can best be met by the extensive use of special techniques, materials, and services.
6a. Residential programs	Programs in a residential setting outside of the home	For some children at some time in their lives, the intensity and safety of a residential program may be necessary.
6b. Residential programs	Individualized programs for hospitalized children	Because of a child's disability, it may be appropriate to maintain a child in a hospital setting.
7a. Home programs	Parents as primary change agents. Additional children might be included.	Home-based programs are often appropriate for infants and children living great distances from school.
7b. Home/center programs	The child has both center program and home visits scheduled according to need.	Some urban programs may also want to consider home programs. In them, family education and participation are paramount.

NOTE: This table illustrates most of the numerous options or types of placements the assessment committee may consider when prescribing an individualized educational program and selecting the most appropriate program for a child. Options 1 through 6 are listed in order of restrictiveness. Option 7a and 7b might fall in several places on this continuum.

Table 5 illustrates child and program characteristics that should be considered in appropriate educational placement. Although legal requirements state that the IEP should be reviewed at least annually, more frequent reassessment is recommended so that the rapid development and the developmental spurts characteristic of the young child can be exploited.

Table 5

Factors Affecting Educational Placement

Characteristics of the child and family	Characteristics of the program
Child's individual strengths and needs	Skills necessary to benefit from program
Health and general well-being of the child	Amount and quality of interaction with nonhandicapped peers
Strengths and needs of the family that are related to the child and the handicap	Staff capability and experience
Parental judgment about most appropriate educational setting	Adaptability and appropriateness to individual needs; accessibility
Requirements for special equipment and services	Type and amount of parental involvement Availability of special services Availability of funds for additional resources

Several arguments are traditionally put forth in favor of integrated program placement. Karnes and Zehrback (1977) discuss the importance of modeling the appropriate behaviors of nonhandicapped peers as well as providing children with the opportunity to solve interpersonal problems and accept individual differences in others. Bricker's discussion rests on the important rationale of societal values regarding equal access and opportunity, legal decisions, legislative enactments, and educational theory rather than any degree of empirical support (in Guralnick, editor, 1978). Others value the learning nonhandicapped children gain when educated with handicapped children.

Although severely handicapped children acquire many skills only through direct teaching and learning experiences, in self-contained programs integration still has advantages for these children. An opportune time to integrate most exceptional and nonhandicapped children occurs before kindergarten, when attitudes toward differences are emerging and concepts of understanding are developing. In these preschool years, children are more like each other than they are different. Agencies should develop alternatives to the traditional special classes for young handicapped children and should look first at more normal settings.

Both public and private preschool programs in California enroll children with special needs. These include but are not limited to Head Start programs; campus child care centers; children's centers; ESEA, Title I, preschools; migrant child care and preschool programs; community recreation-sponsored preschools; proprietary and nonprofit preschool programs; and family day care homes. As the California Master Plan for Special Education is phased in throughout the state, more public schools will be developing a continuum of services for preschool handicapped children that meets local needs and state and federal requirements. Appendix D contains abstracts of early intervention models within California funded by the U.S. Bureau of Education for the Handicapped. These projects have the experience and skilled personnel to assist school districts--through training, technical assistance, and information exchange--to use established procedures effectively.

Individualized Education Programs

One of the major provisions of Public Law 94-142 and the California Master Plan for Special Education is the guarantee of a free appropriate public education for exceptional children. Individualized education programs (IEPs) are the safeguard--the accountability check--that ensures that each child's program is developed to meet his or her needs. Individualized means that the IEP must address the needs of a single child, not a group of children. Education means that the IEP is limited to those elements that cover special education and related services. Program is a statement of what services will be provided, including goals and objectives, and where they will be provided.

The individualized education program must be a written document determined at a meeting of an IEP-T. Basic elements (Also see Education Code §56345) must include: (1) the present levels of the pupil's educational performance; (2) the annual goals, including short-term instructional objectives; (3) the specific special educational instruction and services required by the pupil and the extent to which the student will be able to participate in regular educational programs; (4) the projected date for initiation and anticipated duration of such instruction and services; and (5) appropriate objective criteria upon which to determine on at least an annual basis whether the instructional objectives are being achieved. (For further detail see the California Administrative Code, Title 5, Education, section 3154.)

The individualized education program must be a written document determined at a meeting of an IEP-T. Basic elements (see Education Code Section 56345) must include (1) the present levels of the pupil's educational performance; (2) the public school for any part of the school day. Parent and teacher participation ensures that those most familiar with the child and those most responsible for implementing the program are involved in the planning. The IEP is also a device to measure progress and to ensure that inappropriate programs do not continue and that program changes will occur (Abeson and Zettel, 1977).

IEP evaluation methods might include staff observations, parental reports, tests and curriculum assessments, and reports from specialists. Frequent reassessment and planning should be undertaken periodically throughout the program year, particularly for the preschool child. This approach provides the teacher with information needed to modify objectives based on child performance.

Parents and the IEP

Parents are to be involved in the development, evaluation, and revision of their child's IEP. Especially for the young child, activities should be included that parents can carry out with the child at home. In this way skills learned in the center can be transferred to other environments in which the child participates. Frequent staff contact and team planning with parents help keep goals and objectives up-to-date.

Additional considerations exist regarding parents and the IEP process. First, meetings should be scheduled at a time convenient for parents. It is important to adjust the school day so that parents can be involved in the planning. For many exceptional preschool children, there will be no referring or present teacher to provide data on the child. Parents may be the only source of information concerning a child's skills. Willingness to meet before or after school hours indicates that the committee professionals need, respect, and value information from parents. Second, the law states that an interpreter must be provided if the parent's native language or other mode of communication is other than English. Third, parents must be informed of their rights and responsibilities.

Although many preschool teachers were already carrying out IEP specifications before the passage of federal and state mandates, the process may not have been structured and formalized. Additional training in the development of the IEP can serve as an excellent learning experience for professionals and parents. Practice (even through role playing and using video) helps to turn a new procedure that may seem time consuming and uncomfortable into a procedure that is relaxed and natural for both staff and parents.

Planning an IEP can involve another person--an advocate or specialist whom a parent may choose to assist in the planning process. Advocates may also be chosen by a school to assist, for example, in translating proceedings into another language or mode of communication. Ideally, advocates are present to assist parents and staff to communicate with each other and make the process more meaningful for all concerned.

Parental Involvement

Research conducted by Bronfenbrenner (1974) indicates that parental involvement, particularly in programs for young exceptional children, is a necessary ingredient if the program is to have positive long-term effects. In his report Bronfenbrenner writes that "perhaps the simplest argument for involving parents in child development efforts rests on the fact that, during the early years of life, a large proportion of what the young, developing child learns will occur in the home." Another source declares that "goals for children will not be accomplished unless there is a close, compatible, multifaceted working relationship between the program staff and the family" (Lillie and Trohanis, editors, 1976). Additional reasons for involving parents are given by Fredricks and others (1976):

1. Parents should serve as a resource. They have information which others do not--information about the child's functioning at home that will assist staff members in planning meaningful activities for both the home and the center.

2. Parents can help the child generalize or carry over new skills. Planned consistency between home and center will encourage the child to use newly learned skills in a variety of places.

3. Parents can help to improve the child's rate of learning. When parents work with the child on the same skills being taught at the center (school), the rate of learning can be greatly enhanced.

Early intervention programs and parents have one common interest. This interest is the key to developing effective interaction between staff and parents. Both are concerned with helping the child develop to his or her maximum potential in all dimensions of development. Programs need parental cooperation and assistance in a number of ways: staffing assistance, advocacy, decision making, and cooperative planning for individual children. Parents may need advice, support, specific parenting or teaching skills and techniques appropriate for their child, and constructive information from staff. The parent-teacher relationship should be built on mutual respect and desire for what each can bring to the total experience of the child.

Services to Parents

Services to parents can be grouped into four areas as defined by Lillie (1976): social/emotional support, exchange of information, promotion of parent participation, and improvement or extension of parent and child interactions. The general goal for services to parents is self-sufficiency in promoting what is best for the child. Parents may not need all services; or they may need the services but at different times.

Programs for parents can be developed in many different ways. The development may be similar to the development of IEPs for children. In the first step parental needs and strengths are determined. This needs assessment can take the form of an open-ended questionnaire based on Lillie's four service areas. Information provided by the parents during the needs assessment becomes the foundation for building an effective parent program. The identified needs can then be arranged and services provided according to the parents' priorities. In the second step long-term goals are set for the program; for example, to increase the effectiveness of parents as teachers by implementing planned activities at home on a weekly basis. The next step involves a series of sequential activities leading to the accomplishment of the long-term goal. Examples might include weekly home visits or weekly observation of the center program, whereby parents are shown how to carry out teaching activities or are encouraged to report examples of changes resulting from their teaching. In the final step an evaluation procedure is developed so that staff and parents can determine whether objectives have been accomplished. Figure 2 presents this approach to planning parent programs.

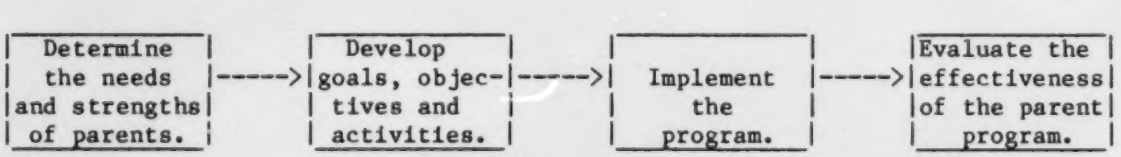
Determine the needs and strengths of parents.
Develop goals, objectives and activities.
Implement the program.
Evaluate the effectiveness of the parent program.

Fig. 2. Approach to parent programs

It is as important to individualize for parents as for children. An effective early childhood program takes advantage of parents' strengths and skills to build individualized programs for them and their children.

Working with parents separately from children should not be encouraged. Planning for children and for parents should be done with full awareness of their basic interaction. However, promoting parent involvement in these and other special education programs is a relatively new requisite skill. Yet, resources do exist to help teachers learn how to include parents. In addition to new books and recent articles on the subject, Handicapped Children's Early Education Programs funded by the U.S. Bureau of Education for the Handicapped have required parent involvement since funding was first made available in 1969. As a result, in California and throughout the nation at least 200 programs have a significant parent involvement component. (See Appendix D for abstracts of California projects.) Projects may involve parents to serve as the primary teachers of their children, to direct or assist classroom activities, and/or to meet separately during their children's classroom hours.

A goal in promoting extensive involvement is to help parents become more self-sufficient. An early childhood program does parents a great service when it assists them to be strong advocates for their exceptional child. Knowledge of child development, confidence in parent-child interactions, experience in play with their child, a key role in planning the IEP and in securing needed support services, and a working knowledge of the education and social service system all contribute to parental self-sufficiency. Parents must live with the consequences of decisions made for their child. Assisting parents in making those decisions is an important challenge to early childhood educators.

Parents as Resources

Although it is necessary to recognize that parents of young handicapped children may need a variety of services, it should also be recognized that parents can provide a variety of services to the program. Parents can serve as the program's single best resource. Some of the responsibilities and roles assumed by parents might include:

1. Advisor. Programs may include parents on an advisory council, providing a good opportunity to participate in such things as developing program goals and objectives, planning and assisting with field trips, evaluating services, and so on.

2. Disseminator. Parents knowledgeable about the program and the progress of their child will tell others. Parents can write letters to editors and to decision makers at the state and federal levels. They can help gain the community support required for program continuation and expansion.

3. Staff member. Parents can serve in paid and volunteer positions, assisting program staff to implement educational activities in the center.

4. Primary teacher. Parents, particularly those whose children are served in home-based programs, can serve as their child's primary change agent by implementing daily activities planned by the home teacher.

5. Primary case manager. Parents can learn to be their child's strongest and most knowledgeable advocate.

6. Recruiter. Parents whose children are already enrolled in a program often assist in first contacts with "new parents." They are in an excellent position to explain the program and answer questions based on their own first-hand experience.

7. Counselor. Parents, meeting together, can frequently provide this service to other parents. By sharing their own experiences, frustrations, and successes, parents come to know they are not alone and that problems can be solved.

8. Evaluator. Parents of young handicapped children can provide program staff with information about how the child is progressing in the program and at home. Parents can specify skills the child already exhibits. This information is vital in developing and reviewing the child's IEP.

9. Curriculum developer. Parents can provide information about their child's likes, dislikes, and learning styles.

Meeting the educational needs and responding to the strengths of both the child and the family should be principal concerns of every program serving young children with exceptional needs. Programs which take advantage of the strengths and skills of parents will make a good program even better.

Curriculum Activities

In programs for the young child, the curriculum is more than content or process. Curriculum is the sum total of all the activities that take place in the program. It includes all activities from the time children leave their homes until they return. The curriculum and the IEP should embrace the total environment. (For a home-based program, curriculum can also be considered the sum total of all activities in the home.)

Play

The program planner designs the program to include play, the young child's natural learning mode. Play provides the opportunity for active, concrete experiences. In addition, through play, a child can make decisions, develop imagination, acquire skills, and learn how to interact with other children. Through play a child reenacts his or her own life experiences, imitates those of others, and develops new insights through interaction with peers.

The teacher may find that a child's exceptionality has interfered with the development of normal play. When this is the case, the skills needed for purposeful and productive play will need to be encouraged or taught and alternative play activities devised.

Other Considerations

The curriculum activities should include opportunities for the child to work with objects. Teachers of the young exceptional child should consider what changes in the environment or the program need to be made to compensate for difficulties arising from the child's handicap as the child attempts to work actively with objects. The young child learns most effectively when actively involved.

Programs should select curricula that emphasize different approaches in which various techniques and theories are employed. Whatever the particular theoretical basis of the program, the following points should be considered:

1. The individual needs of the child. No single curriculum can fit the needs of any given child. It will always be necessary to adapt the curriculum by building in smaller or larger steps, adding or deleting activities. The teacher's flexibility, creativity, and knowledge of the child and his or her environment will be the primary factors in developing appropriate curricular activities or adapting existing ones to meet individual needs.

2. The development level of the child. The young child, handicapped or not, has different ways of perceiving and thinking than does an older child. Therefore, simply watering down a curriculum designed for older children will not be effective. Curriculum for the young child should reflect early stages of development in all areas of development.

3. The value of a consistent philosophy. Many programs have a basic educational philosophy that includes assumptions about the nature of learning, the goals of education, and the appropriate means of reaching those goals. Each program component is consistent with the philosophy. For example, if the curriculum is based on behavioral principles, the assessment, data keeping, and program evaluation are also behaviorally oriented. If the philosophy is based on exploration and open education, program components should reflect that stance. Many programs, however, successfully mix their approaches, depending upon individual needs.

   Many authors argue convincingly that early intervention has the most success when a program is based on an educational philosophy, continuous in-service training to explore the philosophy, and strong supervision. In contrast, other authors simply point out that a systematic, organized program can contribute significantly to a child's development.

Early Intervention Models

Whether adapted from elsewhere or developed by the program, curriculum should be based on the philosophy translated into an educational model. It is valuable to think of models or approaches as fitting along a continuum ranging from highly structured to open environments. The Technical Assistance Development System (1979) classified a variety of early childhood education programs according to three categories: behavioral, discovery, and (as we have indicated earlier) a combination or mixed. Most of the projects surveyed combined behavioral and discovery approaches. The projects were placed along a continuum reflecting the amount of structure employed in the program.

Table 6 depicts this continuum as well as the various goals, child populations, sources of curriculum content, and intervention strategies. Although Table 6 shows differences between models, it is important to note similarities as well. First, developmental milestones play a key role in most approaches. The basis for developing the milestones may differ, but the sequence of child development serves as the frequent source of curricular content. Second, regardless of the approach used, each program has been able to document effectiveness. It is generally presumed that the more severely handicapped the child, the more he or she will require a structured program. However, it is important to note that programs serving severely handicapped children are found along the entire spectrum.

A young child needs the routines of the day well-established, because consistent programming builds a sense of security and helps develop concepts of time and place. Routines and structure aid the child in learning to anticipate and feel in control of the self and the environment. Daily and weekly plans should reflect a balanced program and be designed so that all participating adults can use the information for involvement in the program; e.g., parents, teachers, therapists, aides, volunteers, supervisors, and so on.

The existence of a well-developed daily plan should not impede the teacher from taking advantage of learning opportunities that arise spontaneously. Such flexibility will add to rather than detract from the plan and can increase the child's pleasure and excitement in the learning process.

Curriculum Areas

Many of the packaged curricula for the young child are organized under (1) physical development (which may be subdivided into gross motor development, fine motor development, and perceptual motor development); (2) cognitive development; (3) language and speech development; (4) social development; and (5) self-help skills. Although these areas may have different labels based on a particular philosophical model, it is important that each curriculum include these areas and that instruction be offered individually and/or in small or large groups according to the child's needs. The areas are explained as follows:

1. Physical development. Gross motor development involves the development of the large-muscle skills used in running, walking, climbing, throwing, sitting, creeping, and crawling. Integrated body movements--in dance, rhythm bands, and obstacle courses--are important. Balance (sitting, standing, and balancing on one foot) and activities enhancing balance while in motion are included in this area as well as activities which increase coordination, agility, and endurance. Fine motor tasks involve the small muscles used in picking up objects, self-feeding, cutting, drawing, transferring objects from one hand to another, and so on, and involve the coordinated use of fingers, hands, and arms. Perceptual motor development requires the coordinated use of the senses and muscles. Included in this area are the ability to see similarities and differences in objects or pictures and the ability to perceive left to right and up to down. Activities in this area might involve kicking a rolling ball; naming placements like up, down, behind, in front of, inside, outside, and next to; drawing lines that go from left to right; discriminating between shapes, and so on.

Table 6
Examples of Educational Models for Young Handicapped Delayed Children
(Adapted from Lillie, 1979)

Approach	Program examples	Impact goals	Developed for	Content base	Strategies employed
Behavioral (Structured--task analysis approach)	Teaching, Research, Mammoth, Oregon	Needs--specific; acquisition or extinction of specific behaviors	Infants, preschool, and school age: severe learning problems	Problem specific	Assessment and analysis of behavior; systematic frequency of data use; individualized instruction
	Early On San Diego	Needs--specific for children and parents	0--8-year-olds: moderately and severely multihandicapped	Problem specific: DASIE	Developmental assessment; individualized instruction; parent training for home activities; home and center program for all
Combinations (of behavioral/structured and discovery/open informal approaches)	Portage Project, Wisconsin	Improved general development, family involvement	0--6 years: mild/severely handicapped	Developmental milestones	Developmental assessment; individualized instruction; home teaching; precision teaching; prepared lessons
	Julia Ann Singer, Los Angeles	Parent/family involvement; cognitive and affective development; adjustment to school	2-1/2--6-year-olds: mild to severe psychoeducational problems	Problem specific developmental stages	Short-term treatment; behavioral intervention on interpsychic processes; use of family and community system theory
	Casa Colina, Pomona, California	Needs--specific; general development for child's enjoyment	18 mo.--5 year olds: mild to severe noncategorical	Developmental milestones	Combination of prescriptive (task analysis) and indirect teaching (group events and child choice)
	Salvin School, Los Angeles	Improved cognitive development and decision-making skills	3--12 year-olds: mild to severely handicapped and nonhandicapped	Learning/exploration areas	Reverse mainstreaming setting; balance of formal skills acquisition and informal child-selected activities
	Circle Preschool, Oakland	General development, with social and linguistic emphasis; parents as advocates	2--6 year olds: mild and moderately handicapped and nonhandicapped	Maria Montessori plus developmental milestones	Mainstream setting; intense adult involvement; classroom services emphasized; coordination with outside support services
	High/Scope, Ypsilanti, Michigan	Improved cognitive development	3--5 years: Mildly delayed and handicapped; also normal	Piaget: cognitive developmental milestones	Sequence lesson activities learning centers in classroom; individual plans and instruction; family involvement; circle times; open but structured environment
Discovery (open informal approach)	Schaumberg Early Education Center, Illinois	Development of cognitive processes; affective growth	3--5 years: mildly to moderately delayed	Piaget: developmental milestones; process oriented	Consultation and resources to regular settings; family involvement; Piagetian-based interest centers; open/discovery

2. Cognitive development. Although cognition is often dealt with as a separate area of curriculum, the acquisition of cognitive skills is dependent upon all other curriculum areas. Children should be allowed to explore, predict, question, solve problems, fail, and try again in a supportive atmosphere. Cognitive growth requires motivation to solve problems. Because motivation is dependent on children's expectations of success and abilities to cope with failure, each program must promote motivation to solve problems in its ongoing planning for all activities.

   For older children, cooking activities provide common learning experiences and give individual satisfaction and a chance for group interaction. Nature study, including animals, science activities, gardening, and nature walks, provides many formal and informal opportunities for children to observe, compare, and predict. Field trips are an excellent method for expanding the child's experiences when carefully chosen to meet the children's interests and developmental levels.

   Other activities appropriate to cognitive development of the older preschooler involve association or finding objects that belong together, sorting or classifying based on similarities, ordering events such as recalling a story in the correct order, and sequencing events that occur during the day. Activities also include teaching mathematical concepts, such as size, number recognition, counting, and simple measurement.

3. Language and speech development. Language develops through both formal and informal means. Children should be encouraged to play and talk with each other as well as with adults. They should be helped to listen and attend when someone else speaks.

   More formal activities include listening to stories; dramatizing stories; using puppets, finger plays, flannel board stories; and doing other things requiring listening and speaking skills. Because many have delayed language development, special intervention may be indicated. A language, speech, and hearing specialist can assist the teacher in completing a developmental assessment and designing activities accordingly.

   An example of a special set of activities is total communication that combines oral, speech, reading, and auditory training with signing and finger spelling. The child's receptive and expressive language skills may then be assessed in each mode separately or together. Some children who have experienced difficulty in communicating orally have achieved success with an oral-manual combination. Careful ongoing assessment can reveal the efficacy of this approach.

   Other language activities might focus on the development of attention skills; the receptive and expressive use of sounds in isolation and in combinations; the copying of a motor or verbal activity from a model; and the recall and reproduction of a particular auditory sequence over varying periods of time. Language might also involve teaching the use of some printed symbols that take the place of oral or manual expression (e.g., a green traffic light with GO written on it may have meaning for the child).

4. Social development. In addition to the previous discussion of play, the development of early social abilities includes (a) development of a positive and realistic self-concept; (b) the ability to interact enjoyably and appropriately with adults and peers; and (c) the development and expression of attitudes and feelings. Learning objectives in the social skills might include increasing eye contact, responding to one's name being called, following directions, taking turns, and sharing toys. Other planned activities should promote helping others, imitating children at play, playing cooperatively with others, and working or playing alone without supervision.

   Children develop social skills when adults place realistic demands on the children (e.g., to help each other; to take responsibility for pets; and to assist with daily routines of the classroom, such as setting the table, throwing out trash, and assisting with cleanup).

5. Self-help skills. These skills involve the ability to perform certain tasks for oneself, such as eating, drinking, dressing, and toileting. For the very young child, activities might involve finger feeding, holding out the arms and legs when being dressed, eating independently with a spoon, sitting on the potty for brief periods, and wiping their hands on a towel after washing. For older children activities could involve hanging a coat on a hook, using a napkin, buttoning jackets, pouring liquid from a pitcher, brushing the teeth, and so on. The routines of the day provide many opportunities to develop self-help skills.

Various models may have different names for these five developmental areas, and there may be other areas to concentrate on. One such area is creative arts. Music, dance, and other art experiences enhance creativity in children and provide opportunities for lifelong enjoyment. The child should have opportunities to do finger painting and easel painting, to make collages, manipulate clay and other malleable materials. Music and movement experiences should be included in the daily program. Three California curricula (The Live Oak Curriculum, from Circle Preschool Piedmont, California; Guide to DEAL, from Salvin School, Los Angeles; and Early Growth Center Curriculum, Berkeley) have many pages devoted to role playing, drama, music, movement, and the exploration of materials, such as paints, blocks, water, and sand.

A child's handicap influences curriculum as well. Though a handicap must be acknowledged, emphasis should be placed on what the child can accomplish. For instance, for young blind or visually handicapped children, orientation toward sound and activities involving the tactile sense will be stressed a great deal more than it would be for children with normal sight. Children who are orthopedically handicapped will likely be involved in the manipulation and exercise of small and large muscles under the direction of an OT/PT specialist.

However, areas of strength will be ignored if all attention is targeted on ameliorating the areas of deficiency. All of us enjoy doing those things we do well; and, as a result of practice, some of us may excel in a particular skill. Young handicapped children are no exception. They need the reinforcement that success brings, and they need to maintain and increase skills in those areas in which they do well.

The basis for developing a curriculum for each child is based on the sequence of events shown in Figure 3. As Figure 3 shows, the blending of IEP and the curriculum leads to the child's daily activities being based on the five areas of development discussed earlier. Also mentioned earlier was the fact that, regardless of the model or how detailed the curriculum, modification will always be required to match the learning needs of each child. Parental and professional judgment will help the teacher translate the general curriculum into specific daily activities.

Figure 3 also requires ongoing monitoring of the child's participation and progress, providing the parents and staff with information that can be used to plan new activities and interactions. In some models this information leads to breaking tasks into smaller instructional components if progress is not apparent, or to proceeding to the next objective if the child has learned the skill. In other models, moving a child to the next stage is less important than broadening the child's practice of a skill or problem-solving ability. In any case, curriculum building is an ongoing process, the steps of which are determined by the child.

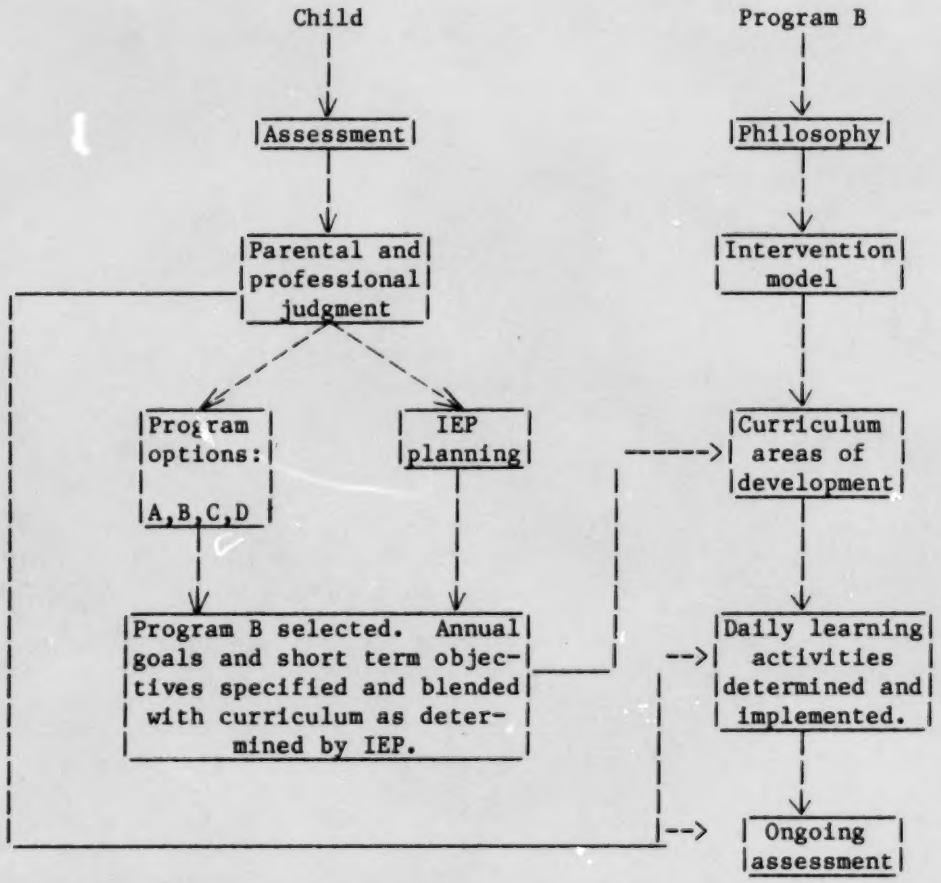

Fig. 3. Sequence of activities leading to daily learning activities

Several additional considerations apply to children in home and center programs. The racial, ethnic, and gender group to which the child belongs should be considered in the process of planning an individualized curriculum. Activities and materials should reflect the child's culture and build ethnic pride. Staff should be knowledgeable about the various heritages and cultures of the children. In center programs at least one staff member should speak the child's primary language; in home programs, home teachers should be indigenous to the culture and community. These actions enhance the development of curriculum goals that are functional and useful within the child's home and community.

The program should also encourage nonsexist role exploration by providing a wide variety of opportunities through activities and materials that enable children to learn about themselves and the opposite sex in an open, supportive, and nonstereotyping atmosphere. Stories and books can present both traditional roles for men and women and also show men and women in nontraditional roles (e.g., men in nurturing roles).

Designated Instruction and Service (Related Services)

As defined by Education Code Section 56363(b), designated instruction and services (DIS) may include, but are not limited to, the following:

1. Language and speech development and remediation
2. Audiological services
3. Mobility instruction
4. Instruction in the home or hospital
5. Adaptive physical education
6. Physical and occupational therapy
7. Vision services and therapy
8. Specialized driver training instruction
9. Counseling and guidance
10. Psychological services other than assessment and development of the individualized education program
11. Parent counseling and training
12. Health-nursing services
13. Social worker services

Federal regulations (CFR 121a.13) describe related services as "transportation and other such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education."

Because of the complexity of the problems often presented, a cooperative IEP-T needs to identify and coordinate related services to ensure the provision of an appropriate education. The IEP-T planning process may result in a list of one or several special education-related services required to meet the child's goals and objectives as specified in the IEP. These services supplement the teacher/parent curriculum previously described. These services are primarily instructional or therapeutic and are provided by highly trained specialists or by a teacher or resource specialist if competent to provide the instruction and if provision of such instruction is feasible. This section presents a team approach to the delivery of such services and lists community and state agencies that are available to assist the team in planning and providing an appropriate education to fit the needs of each child.

Besides home instruction and parent counseling and training, which are described in other sections of this document, (generally) the two most common DIS services provided to this age group are speech and language therapy and physical therapy/occupational therapy. These services, together with suggested community and state agencies that may assist in planning and providing an appropriate education, are described in the paragraphs that follow.

Speech and Language Therapy

The most frequently observed need in the preschool handicapped population is speech and language skills. Even though many recently published preschool curricula contain procedures and techniques for teaching language skills, planning and service teams need to include the services of a language, speech, and hearing therapist or specialist. Because early intervention at the infant and preschool levels is fairly new, many language, speech, and hearing specialists have had limited experience in working with very young children and their parents. Parents and teachers will need to provide the specialist with information about the child's speech and language behaviors in various situations and work together to ensure that the skills learned become part of the child's daily life.

Speech and language therapy cannot occur in isolation away from the home or classroom. If therapy is provided only in a separate room, there may be little, if any, carryover elsewhere. If speech and language therapy is seen as a need by the IEP-T, it must be an integral part of the child's total IEP.

Suggestions to enhance acquisition and generalization of speech and language skills are listed as follows:

1. The specialist or therapist should observe the child in the home or classroom to understand existing behaviors in language and other developmental areas in an unstructured environment.

2. Observations, reports of the child's performance from others, and audiotape recordings that sample the child's speech and language may be very useful in determining which communication skills are exhibited in various environments.

3. In center-based programs, therapy should be provided in the classroom whenever possible. If the program is home-based, it should, obviously, be provided in the home. Both teachers and parents should be available to observe the teaching process in center-based programs.

4. The therapist should train parents and teachers to assist in the intervention activities. Studies show that paraprofessionals and parents, given ongoing training and supervision, can provide highly effective services which promote the generalization of new skills (Gray and Barker, 1977; Shearer, 1977).

5. Speech and language activities should be coordinated with other skills being taught in the other developmental areas. For instance, during

meal or snack periods, small muscle coordination and skill development can quite naturally be blended with language skill development. (Chewing and swallowing are precursors to speech and appropriately responding to verbal commands such as sit! or drink! are precursors to language.)

Basically, the goal is to develop functional skills which the child uses in a variety of settings and circumstances. Practice helps establish permanency, and it is vital that all parties are practicing similar procedures and techniques.

Physical Therapy/Occupational Therapy

As determined and recommended by the IEP-T, in collaboration with California Children's Services (CCS), some children may require therapy to increase muscle strength and endurance and to prevent deterioration. A physical therapist or occupational therapist (PT/OT) can be a valuable resource to teachers and parents and can assist the child's learning in other areas of development. For instance, placing a cerebral palsied child in a correct sitting position will relax certain muscles of the child, enabling him or her to pick up objects, look around at the environment, and mark on paper. The correct positioning of an orthopedically handicapped child may be a prerequisite for learning. Besides providing direct therapy to the child, the PT/OT can (1) design special prosthetic devices made from common materials to assist the child in self-feeding, swallowing, and other mouth control skills; (2) alert parents when braces, walkers, and wheelchairs need to be modified; and (3) assist teachers by giving advice on changing catheter bags, lifting the child, or otherwise moving him or her from one place to another. (See Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Students. Sacramento: California State Department of Education, 1980.)

PT/OTs also can conduct assessments to determine the needs for PT/OT services and, with a medical doctor's prescription, provide those services at no cost to parents after coordination and concurrence with the IEP-T.

Physical and occupational therapists, like speech and language specialists, can prove to be an invaluable resource. Suggestions that increase the likelihood of this occurring are the following:

1. The therapist should observe the child in the learning setting--in the home or in the classroom.

2. Therapy should be performed in the classroom whenever possible. On occasion, some physical therapy will have to be conducted in a special room containing specialized equipment.

3. The teacher should accompany the parent and child to regular clinic appointments. The therapist needs information on how the child functions in other areas, and the parent and teacher need information on specific activities that can be implemented to enhance the child's learning. The therapist should show the parent how to carry out

therapeutic activities at home and to report to both therapist and teacher any change in the child's physical development.

4. The therapist must show the teacher how to position the child for each of the activities that take place in the program. The activities may include sitting, both in and out of a wheelchair and on the bus; standing at a standing table; and lying on the floor or a cot. The therapist also needs to know the specifics of each activity because, for example, sitting in a wheelchair while listening to stories requires the use of different muscles than sitting in the same wheelchair while being fed.

5. Teachers and parents should share specific problems with the therapist and ask for suggestions on how the problem can be overcome. When problems arise between visits, the therapist might be called for suggestions.

Other professionals might also be involved in providing related services. Their involvement, of course, will be determined by the IEP-T. For example, blind or visually handicapped children need the expert help of a mobility instructor and, when appropriate, a Braille teacher. Deaf children or severely hard-of-hearing children need special assistance from experts trained in audiometric evaluation. Instruction in auditory training, speech "reading," and therapy in language instruction or signing (or both) may also be needed. Whatever the expertise required, it is vital that the services be provided in the child's natural environment and that the child be taught in such a way as to maximize learning.

Many professionals are comfortable and effective when working with infants and preschool children. Some may not be as comfortable, however, when sharing techniques and teaching other adults how to conduct some of these activities. Nonetheless, this sharing of professional know-how is vital if related services are to be effective.

Locations for Obtaining Needed Services

Although local educational agencies and special education service regions may not have all the professional help required, related services may be provided through many other public and private agencies. These include regional centers for the developmentally disabled, community mental health clinics, the Department of Public Health, and county social services. Another agency that can provide needed assistance is California Children's Services, formerly Crippled Children's Services, which provides direct medical and therapeutic services to children with a wide variety of handicaps. CCS's medical therapy units are often located in public schools and provide physical and occupational therapy and medical services along with consulting services to teachers. Other agencies that can help parents and teachers include Head Start, state hospitals, state preschool and child development programs, the March of Dimes, the Easter Seal Society for Crippled Children and Adults, and the Crippled Children's Society, as well as local hospitals and clinics.

The California Master Plan for Special Education (Senate Bill 1870/80) redefined the function and responsibilities of the state operated schools for the blind, deaf, and neurologically impaired. In addition to providing thorough diagnostic assessments and developing educational recommendations, staff at these sites will also provide counseling for parents and in-service training and observational opportunities for LEA teaching staff. The state schools for the blind, the state schools for the deaf, together with the Clearinghouse Depository for the Handicapped in the State Department of Education, maintain resource centers to develop and disseminate special curricula, media teaching methods, and instructional materials adapted for deaf, blind, and deaf-blind children.

The Personnel Development Unit in the Department of Education's Office of Special Education conducts or sponsors in-service meetings and institutes throughout the state to educate parents, administrators, teachers, and therapists. Some of the unit's activities include team training sessions on IEP development, on parents' rights, and on the uses of related services.

Teaching staff members need to be aware of the local agencies and persons who can help provide related services needed by the staff members themselves, the child, and the family. Success requires a team effort based on the sharing of skills and techniques by all those concerned with maximizing the developmental skills of the child.

Administration and Personnel

Parents and teachers are the primary providers of special education services; their skills and competence determine the quality and effectiveness of the early intervention program. However, success has certain prerequisites. These preconditions are generally administrative in nature and have a direct bearing on the effectiveness of the teaching staff. An administrator who is involved, supportive, caring, and knowledgeable concerning the importance of early education for the handicapped serves to reduce whatever constraints may exist in the community. If the constraint is money, a supportive administrator may seek necessary state or federal funds to initiate and maintain quality programs. If the constraint is lack of available resource staff, the administrator may initiate interagency service agreements with local public and private agencies. If the constraint is lack of community support and interest, the administrator may organize parents to write letters to newspaper editors, meet with local service organizations, and conduct meetings to raise the community's awareness. The administrator needs to employ qualified staff, provide leadership for in-service education, and actively solicit teachers' cooperation and recommendations to improve programs. The supportive administrator listens to staff members and sees himself or herself as part of a team responsible for providing appropriate services.

Knowledge of the type of services and arrangements unique to the preschool handicapped population is as vital as administrative support. Included are class size and adult/child ratios, the educational environment required by young handicapped children, staff selection, and staff development.

Class Size and Adult/Child Ratio

Two principles that should guide the establishment of class size and adult/child ratios are that: (1) younger students require more adult time than do older children; and (2) handicapped children require adult time in direct proportion to the nature and severity of the handicap. For these two principles to be incorporated into an appropriate delivery system (either home-based or center-based), certain adult/child ratios are recommended as maximum figures for programs enrolling (only) children with exceptional needs:

1. Birth to three years. If the program is center-based, the ratio should not exceed three children per one adult.

2. Ages three through five. In center-based programs the ratio should not exceed one adult per six children.

The ratios may be changed if nonhandicapped children are included as well. A ratio of 1:4 may succeed with children zero to three years of age, and a ratio of 1:7 may succeed when children are three to five years of age.

In a home-based program where each child is visited in his or her home, the recommended case load should not exceed eight children per certificated person and should not be fewer than six. (In certain cases it may be necessary to vary from this case load according to the characteristics of the case load and the geographic area.)

Center programs for exceptional infants and preschool children should, at all times, maintain at least two adults for each classroom, one being the licensed or credentialed teacher. When one adult is toileting a child, attending to a seizure, or managing any of the other activities requiring attention away from the classroom, the second adult will be available to attend to the educational needs of the other children.

For handicapped children placed in less restrictive environments, existing regulations for child care programs establish ratios (but do not specifically address what impact placing handicapped children there might have). Table 7 displays the three sets of child care ratios currently in effect and represents possible educational settings into which handicapped children might be placed.

Table 7

Comparison of Adult-Child and Teacher-Child Ratios
Required Under FIDCR, Title 5, OR Title 22

Age of child	FIDCR*		Title 5		Title 22	
	Adult-child ratio	Teacher-child ratio	Adult-child ratio	Teacher-child ratio	Adult-child ratio	Teacher-child ratio
Under 2	Must meet state code		1:4	1:16	1:4	
2--3:11	1:5	1:15	1:7	1:21		1:12
4--5:11	1:7	1:20				1:12
Kindergarten			1:8	1:24		
6--12 yrs.	1:10	1:25	1:15	1:30		1:12

NOTE: These child care ratios should be used as an absolute maximum for any infant or preschool program enrolling even one individual with exceptional needs.

*Federal interagency day care requirements.

The reader must not conclude that the ratios cited are rigid standards. What is important to convey is the critical nature of possessing flexibility; that is, the need to adjust program delivery to fit individual situations.

Finally, administrators are urged to be mindful of some possible ways to improve staffing patterns and the adult-child ratio:

1. Schedule regular parent participation.
2. Develop an active, trained community volunteer program.
3. Enlist student interns from colleges and universities to work for academic credits rather than pay.
4. Employ specialists in the classroom.
5. Seek special funding support--local, state, and federal.

Educational Environment

As previously discussed, young children learn through active manipulation of and interaction with their surroundings. Their physical environment and the materials and supplies to which they are exposed are, therefore, probably more directly related to their progress than is the case for adults or older children. The physical environment must be safe but must also provide a minimum of constraints so that young children can experience decision making within safe limits. The environment should be designed to encourage exploration, problem solving, and social interactions.

An appropriate education program for young handicapped preschool children sometimes requires changes in the facility. Accessibility and materials are two major environmental considerations.

1. Accessibility. An outdoor play area, drinking fountains, sinks, and toilets should be located adjacent to the classroom. A telephone should be readily available. Quiet nap areas are important. Outside technical assistance is valuable when the removal of architectural barriers is being considered. The advice of an expert who has designed or modified environments to fit the requirements of young handicapped children should prevent costly mistakes and errors of omission. Obstacles that impede a child's activity should certainly be removed. Many additions to a building, besides ramps, may be required. Rails next to toilets, sinks, mirrors, drinking fountains, and toilets at the proper height are vital to promote learning of self-help skills. Other adaptations may need to be made for children with specific handicaps. For example, railings may be installed along walls so that a blind child can move from one location to another without assistance.

   Handicapped adults and consultants from the schools for the blind, deaf, and neurologically impaired and crippled children's centers can provide the expertise needed to develop a barrier free environment.

2. Materials. If not selected wisely, materials will meet the needs of neither teachers nor the children. Again, outside technical assistance may be helpful. The administrator and teacher should observe other programs that include young handicapped children and ask the children's teachers for lists of materials and equipment they find most valuable. The age of the children and the nature and severity of the handicaps must be considered. Two additional cautions that should be noted are the following:

   a. Some funds should be saved to purchase materials throughout the year. As children change, their educational needs will change as well; and, as a result, additional materials will have to be bought.

   b. What appeals to the eye of an adult is often not appropriate to a child's sense of play and purpose. Although the program planner will want to order appropriate commercial materials, he or she should not overlook the possibilities in everyday items or discards. Large and small boxes can be used for crawling through, building, and even crushing; and kitchen utensils are durable and

provide many creative play opportunities. One of the advantages of using materials that can be easily duplicated at home is that it facilitates transfer of the child's classroom (center) activities and skills into the home.

Staff Selection

Classroom teachers should have training and experience in special education methods as well as early childhood education. Because the learning styles and educational requirements for children five and under are different from the requirements for older children because handicapping conditions will affect how children learn, knowledge and experience in both areas are essential.

Another key area is that of working cooperatively with parents in a way that promotes their involvement in the program as well as their own development. Commitment, concern, and skill on the part of staff should be the criteria for staff selection.

The same considerations are pertinent in the selection of home-based teachers, and there are additional requirements as well. Home teachers should feel comfortable working in a wide variety of homes with contrasting living styles and value systems. They should reflect the culture, language, and ethnicity of the families with whom they work. Planning skills are mandatory; yet,flexibility in dealing with the unexpected will often be required. A home-based teacher should be able to function independently and be able to work with a wide variety of handicapping conditions. Because it is highly unlikely that a single individual will have expertise in all areas, he or she must be comfortable about seeking help from other staff members as well as from specialists within the community.

All staff members, whether home-based or center-based, need to be comfortable in implementing the model designed. A Piagetian teacher committed to open education likely would not be comfortable teaching in a behaviorally oriented program and vice versa. Additional suggestions are listed as follows:

1. A member of the teaching staff should assist the administrator in interviewing applicants. The judgment of the present staff will likely be valuable.

2. The administrator should develop job descriptions and competencies for each teaching position: lead teacher, assistant teacher, home teacher, paraprofessional, volunteer, and resource personnel.

3. The administrator and staff should also develop a program description, including the population served, program philosophy, service model, and parent program. This information sets up common expectancies, clearly defines roles and responsibilities at the time of the interview, and gives the prospective staff member precise information about the program.

Staff Development

The components of staff development are preservice training and in-service training. Preservice training (differentiated from college or university training) should be conducted just prior to the opening of the program in the fall. New staff members need to learn the team approach to program implementation. For the essentials of this team approach to be developed, all staff members should be oriented to overall program goals; staff roles should be defined; and staff members should participate in the interpretation of program goals or major changes in direction (Hayden and Gotts, 1977).

Staff development, like child assessment, should be a formal, ongoing process and should occur at specified times during the school year. This provides the opportunity for staff members to share successes and suggest possible solutions to problems as presented, perhaps in a case study. All staff members, whether center-based or home-based, can utilize in-service training time to review the child's progress for the previous week, share ideas on adapting curriculum, create homemade materials, solve problems, and give and receive reinforcement for the positive changes resulting from hard work. Weekly in-service training staff meetings can be renewing experiences.

In addition to the activities listed previously, staff in-service training meetings can present new information beneficial to the group. An assessment of staff needs, conducted by and for staff, will pinpoint areas requiring additional skills. Common needs can be ranked by the teaching staff according to priority. In-service training programs addressing these areas can then be developed and delivered. Training needs not held in common by the group can be met on an individual basis.

Early intervention programs should have a considerable amount of staff development. The result will be staff members who are enthusiastic and are constantly learning new skills. A program model is only as effective as those who implement it. Ongoing in-service training, staff development, and recognition of skills through advancement will serve as the cornerstone for creating an educational environment stimulating for both children and adults.

Staff Supervision

Programs for preschool handicapped children should have on staff or readily available a child development or early childhood special education coordinator or an early childhood program specialist. One important function of such a person is to assist in developing informational and educational exchanges between different types of programs for young children.

Because early childhood special education has its own special techniques, considerations, interventions, and philosophies, programs for young exceptional children will benefit from the professional support of a coordinator who has equal status with other specialist coordinators in the administrative structure. This position requires sensitivity and extraordinary ability in working with people across program boundaries. Another requirement is that a person be knowledgeable about early childhood development and state and federal rules and regulations affecting special programs.

Due Process Provisions

Due process has been established to provide handicapped individuals and their parents equal protection under the law. (Due process procedures also include provisions that constitute due process rights for schools.) Because the parents of young children with exceptional needs are new to these procedures, efforts must be made to inform and educate parents.

Due process procedural safeguards are detailed and will, therefore, not be included here. However, certain references will aid readers who wish to study the matter further:

1. Chapter 5 of the Education Code (SB 1870) contains the pertinent sections concerning due process. The California Administrative Code, Title 5, Education will soon be modified to reflect these code changes.

2. Code of Federal Regulations. See Subpart E, sections 121a.500--121a.593.

Evaluation Activities

Educators need facts to guide actions, creative ideas to improve performance, and careful planning to ensure that needed services and resources are provided at the right place at the right time. According to Gallagher and others (1973), evaluation can be defined as:

> A technique which provides decision makers with information about the merit of plans, the processes being utilized, or a product that has resulted from activities.... Evaluation ... provides information about the worth and value of goals, objectives, and strategies....

Reasons for including evaluation in the overall operation of the educational program (Huberty and Swan, 1977) are that evaluation (1) is expected or mandated; (2) leads to an examination of the program's worth; (3) leads to program improvement; (4) enhances communication among program personnel; and (5) adds to the knowledge base pertaining to early childhood/special education. Even when evaluation is not required, program planners may feel that they need a formal or semiformal process to provide feedback on which of the programs are achieving the results anticipated.

The main types of evaluation methods are product evaluation (sometimes called outcome evaluation) and process evaluation. Most commonly, a product evaluation is developed by using data from pretesting and post-testing; that is, testing at the beginning and end of a program period or year. Process evaluation is the maintenance of records pertaining to activities in the educational process. The activities are compared with the program's stated objectives; for example, the number of children referred, the number assessed, and so on.

Program planners should include both types of evaluation in their programs. Process evaluation provides an overview of what is taking place in the program.

Product evaluation provides data reflecting measurable changes as a result of program activities.

When working with young children, one should note the following:

1. Shortcomings of product measures. Program planners favoring evaluations should reread the information on assessing the preschool child discussed earlier in this chapter. As indicated there, test scores on the young handicapped child have less reliability and validity than do similar measures used on older children.

2. Measurement difficulties. Assessment devices are more reliable and valid in measuring some dimensions than others. For example, it is easier to measure a child's vocabulary than to put a score on its enthusiasm for learning or its self-esteem. Although it is necessary to live within these limitations, the program planner should not limit a program to dimensions easily measured. Nonstandardized methods can be used in determining gains in given areas. Rating scales, parent reports, and observational data (such as time samples, and so on) may be appropriate.

Some programs may have funds available for an outside evaluator or for consultation on the evaluation process. Although both approaches can be of great assistance, the program staff and administration will still need assurance that measures and methods selected are appropriate to their program and are not being used primarily for standardization or convenience. If a program emphasizes growth in social interaction skills, then measurement of that component must be undertaken despite assessment difficulties.

Staff members must be reminded that evaluation helps them plan more effective programs. Evaluation is another tool that teachers, administrators, and therapists can use to increase opportunities for young children with special needs and their families. One major benefit of evaluation is that it formalizes the goals, objectives, and activities that often go unwritten and, as a result, are not evaluated. They remain as an unheralded accomplishment of which no one, either in or outside of the program, is aware.

Chapter 4

Sources of Funding

This chapter contains a description of funding sources that, under the provisions of the Education Code and the Public Law 94-142 annual program plan, provide funds for programs to serve young handicapped children. In addition to regular local, state, and federal provisions for funding, there are supplemental resources currently available to local agencies.

Preschool Incentive Grant Funds

Preschool Incentive Grants are federal grants authorized under Section 619 of Public Law 94-142 and awarded to states whose applications are approved. By state plan California awards all incentive grant funds to applicant agencies to provide supplemental funding for special education and related services to handicapped children aged three through five (four years, nine months in California). Public schools apply to the Office of Special Education, and private preschool programs may apply to the Office of Child Development if they already have a contract with that office. Application forms and instructions are disseminated yearly to all consortia and master plan agencies by the State Department of Education. Funds are limited; and applications are, at this time, competitive.

State Discretionary Funds

Local educational agencies may also apply for these state discretionary funds, which are federal funds available from the California State Department of Education. At this time discretionary infant/preschool funds are made available on an application basis to provide supplemental funding for special education and related services for handicapped infants as well as preschool children. Subject to an annual reevaluation of statewide priorities, these funds are available through special application procedures and forms which are disseminated annually by the State Department of Education, Office of Special Education and Office of Child Development. For further descriptions of these funds, refer to the Office of Special Education Annual Program Plan.

To obtain additional information and application forms for the incentive grant and infant/preschool discretionary programs, write to:

California State Department of Education
Office of Special Education, Preschool Coordinator
721 Capitol Mall
Sacramento, CA 95814

USOE/BEH Demonstration Funds

Any public or private nonprofit agency may apply for an early education grant directly to: Early Childhood Section, Program Development Branch, Bureau of Education for the Handicapped, 400 Maryland Avenue, S.W., Washington, DC 20202.

These grants are highly competitive and are available for three-year periods. Applicants are expected to provide direct services to young exceptional children and their families and to develop a program that can be demonstrated to public and private agencies for possible replication.

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Appendix A

Screening Instruments Appropriate for Young Children

ABC Inventory. N. Adair and G. Blesch, 1965.

The ABC Inventory is designed to identify children aged four through six who are likely to fail in kindergarten. It includes items related to drawing, copying, folding, counting, memory, general information, colors, size concepts, time concepts, and the like. The instrument is individually administered in about ten minutes. No special training is required to administer the inventory.

Available from Research Concepts, 1368 E. Airport Rd., Muskegon, MI 49441.

Communication Evaluation Chart. R. Anderson, M. Miles, and P. Matheny, 1973.

The chart is appropriate for the screening of children from birth to five years of age and provides an indication of the child's overall abilities. From 12 to 25 items are given for the ages of three months, six months, nine months, one year, two years, three years, four years, and five years. Half of the items deal with development and comprehension of language; the other items deal with physical growth and development, motor coordination, and visual-motor resources. The chart is basically a checklist of items categorized by age.

Available from Educators Publishing Service, Inc., 74 Maulton St., Cambridge, MA 01238

Comprehensive Early Education Profile. K. King, L. Joyner, M. Smith, K. Thompson, M. Meredith, L. Bishop, J. Newquist, L. Brewer, Q. I. Davis, 1975.

The CEEP is designed to screen children from birth through seven years of age in nine areas of development: auditory, comprehension, verbal communication, numbers, reading, gross motor, fine motor, creativity, and adaptive behavior.

Available from Comprehensive Early Education Program, 1720 7th Ave. South, Birmingham, AL 35294.

Comprehensive Identification Process. R. R. Zehrbach, 1975.

The CIP was developed to facilitate case finding and screening of children two and one-half through five and one-half years of age. Administration time is 30 to 40 minutes per child. The CIP screens cognitive/verbal, fine motor, gross motor, speech and expressive language, social/affective, hearing, and vision. The screening team should consist of professionals and paraprofessionals.

Available from Scholastic Testing Service, 480 Meyer Road, Bensenville, IL 60106.

This list is not all-inclusive. The California State Department of Education neither endorses the instruments described in this list nor restricts the use of instruments not included here.

Del Rio Language Screening Test. A. Toronto, D. Leverman, 1975.

This screening instrument tests various language skills in both Spanish and English. The test rapidly identifies children whose language skills are inappropriate for their age, language, and background. Ages range from three to seven years. The test is appropriate for English-speaking Anglo-American children, predominantly Spanish-speaking Mexican-American children, and English-speaking Mexican-American children.

Available from National Educational Publishers, Inc., P.O. Box 1003, Austin, TX 78767.

Denver Eye Screening Test. J. Barker, A. Goldstein, and W. Frankenburg, 1972.

This test is designed to screen children aged six months through six years for visual acuity and nonstraight eyes (strabismus). Paraprofessionals or volunteers can be trained to administer the test. A total test rating of normal, abnormal, or untestable is based on the number of passes and failures on individual subtests. A training videotape and workbook are available for a rental fee.

Available from Ladoca Project and Publishing Foundation, Inc., E. 51st Ave. and Lincoln St., Denver, CO 80216.

Denver Developmental Screening Test. W. Frankenburg, and J. Dobbs, 1970.

The DDST is designed for children from birth through age six. It measures growth in gross motor, fine motor, language, and personal social skills. This individually administered test can be taken in 15 to 25 minutes. Minimal training is required.

Available from Ladoca Project and Publishing Foundation, Inc., E. 51st Ave. and Lincoln St., Denver, CO 80216.

Developmental Indicators for the Assessment of Learning. C. Mardell, D. Goldenberg, 1975.

DIAL is a prekindergarten screening instrument for identifying children with potential learning problems. The areas screened include gross motor, fine motor, concepts, and communication. DIAL is designed for children two and one-half through five and one-half years of age. Six to eight children can be screened in an hour. The test is individually administered by a five-person team of paraprofessionals and professionals.

Available from DIAL, Inc., Box 911, Highland Park, IL 60035.

Developmental Profile. G. Alpern and T. Boll, 1972.

This instrument screens children between six months and twelve years of age in physical, self-help, academic, socialization, and language skills. It is easily administered in 20 to 40 minutes by trained paraprofessionals and can be used to target individual strengths and deficits. Very few materials are required.

Available from Psychological Development Publications, P. O. Box 3198, Aspen, CO 81611.

Eliot-Pearson Screening Profile. S. Meisels, M. Miske, 1976.

The EPSP is a brief and easily administered survey of perceptual, motor, and language development of children four and one-half through five and one-half years of age. The instrument takes 15 minutes to administer. Some training required for teachers or students.

Available from Samuel J. Meisels, Eliot-Pearson Department of Child Study, Tufts University, Medford, MA 02155.

Fluhart Preschool Language Screening Test. R. Weiss, 1975.

This instrument identifies language handicapped children aged three through six by assessing linguistic skills relating to phonology, semantics, and syntax. The test can be administered in ten minutes by a speech pathologist.

Available from INREAL Project, Department of Communication Disorders, University of Colorado, Boulder, CO 80309.

Harris Articulation Scale.

This test was developed for paraprofessionals to use in screening Head Start children. Needing 15 minutes to administer, it enables the examiner to identify which sounds within words the child has difficulty in pronouncing. The test is also available in Spanish.

Available from Elizabeth Y. Sharp, Department of Special Education, College of Education, University of Arizona, Tucson, AZ 85721.

Home Observation of the Environment (HOME). B. Coldwell, 1965.

This infant inventory examines emotional and verbal responses of mother, avoidance of restriction and punishment, and organization of environment. It also examines play materials, involvement with child, daily routines, and so on. The inventory at the three through six years of age level examines similar areas and emphasizes language. Yes or no is recorded on the basis of verbal responses from parents and observation of the home. The inventory can be administered by paraprofessionals with no testing experience. Training is required to ensure reliable interviewing. An instruction manual is available. The inventory takes 20 to 40 minutes to complete. See the American Journal of Mental Deficiency, Vol. 81, No. 5 (1977), 417--20.

Available from Center of Child Development and Education, University of Arkansas at Little Rock, 33rd and University, Little Rock, AR 72204.

Meeting Street School Screening Test. P. Hainsworth and E. M. Siqueland, 1969.

The MSSST is individually administered in about 20 minutes to children aged five through seven and one-half. Areas assessed include motor, visual, perceptual, and language. The instrument may be administered by trained teachers, paraprofessionals, or resource staff.

Available from Meeting Street School, 667 Waterman Ave., East Providence, RI 02914.

North Carolina Psychoeducational Screening Test (PET). Division of Human Resources, 1975.

This test covers concept development, language development, visual memory, visual motor performance, auditory memory, auditory perception, and gross motor performance for children four and five years old. Paraprofessionals can be trained to administer the instrument, which has excellent step-by-step instructions. The test requires 15 to 25 minutes to complete.

Available from Division for Exceptional Children, State Department of Public Instruction, Education Building, Raleigh, NC 27611.

Northwestern Syntax Screening Test. L. Lee, 1971.

This test was designed as a structured screening test for deficits in both expressive and receptive use of syntax for children aged three through eight. The test takes about 20 minutes to administer. A moderate amount of training in the administration of the test is required.

Available from Northwestern Univ. Press, 1735 Benson Ave., Evanston, IL 60201.

Slosson Intelligence Test (SIT). R. L. Slosson, 1963.

This screening instrument tests vocabulary, memory, reasoning, and motor items. Given orally, it requires oral responses. It is good for individuals from age three to adult ages. (The validity of scores for those under four years of age is, however, unsatisfactory.) It can be given by teachers. The test requires 30 to 45 minutes to administer.

Available from Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025.

The Physician's Developmental Quick Screen for Speech Disorders (PDQ). S. G. Kulig, 1973.

Language, rhythm of speech, articulation speech mechanism, and voice are covered by this screening device, which uses ten single-page, age-graded forms for ages six months to six years. Each form contains age norms. Scoring is quick, for there is no need to refer to other charts. "Pass" or "fail" criteria are used. Nonspecialists can be trained to use the PDQ, which takes about five minutes to administer for each child.

Available from PDQ, Department of Surgery, Medical School, University of North Carolina at Chapel Hill, Chapel Hill, NC 27514.

Walker Problem Behavior Identification Checklist. H. Walker, 1975.

This instrument quickly identifies children with behavior problems; the 50 item questionnaire can be completed by anyone familiar with the child. The areas assessed are acting out, withdrawal, distractability, peer relations, and immaturity.

Available from Western Psychological Services, 12030 Wilshire Blvd., Los Angeles, CA 90025.

Yellow Brick Road. C. Katestrom, 1975.

This instrument is designed to identify children whose patterns of functioning in motor, visual, auditory, and language areas indicate the need for further diagnosis. Age range is appropriate for children four years nine months through six years nine months of age. The test is administered individually in a group setting by trained staff, who need not be professionals.

Available from Learning Concepts, 2501 N. LaMar, Austin, TX 78707.

Appendix B

Diagnostic Instruments Appropriate for Young Children

Assessment of Children's Language Comprehension. Consulting Psychologists Press, Inc., 1972.

This test is divided into parts A, B, C, and D by difficulty in linguistic construction and language disorders. Percentile ranks are given for the test. Comparison can be made across subjects. The test is good for children three through seven years of age. Teachers who are skilled in working with children with language disorders can administer the test, which takes ten to 15 minutes to complete.

Available from Consulting Psychologists Press, Inc., 577 College Ave., Palo Alto, CA 94306.

Bayley Scales of Infant Development. N. Bayley, 1969.

The Bayley Scales of Infant Development assesses the developmental status of infants from birth to thirty months of age. The mental scale measures sensory-perceptual acuity and discrimination, early acquisition of object constancy, learning, problem solving, beginning verbal communication, and early evidence of ability to form generalizations and to classify. The motor scale measures degree of body control, coordination of large muscles, and finger and hand manipulation. The last part of the test, the infant behavior rating, consists of 30 questions dealing with social orientation, emotional variables, motivation, activity, reactivity, and general evaluation. The test is untimed except for certain items. Average testing time is about 45 minutes. Training is absolutely necessary for those administering the test.

Available from Psychological Corporation, 1372 Peachtree St. N.E., Atlanta, GA 30309.

Carrow Elicited Language Inventory. Learning Concepts, 1974.

This test was developed to screen and diagnose children three through eight years old. It provides grade or development level by raw score, percentile, and stanines. Verbal responses are required. A training guide and test accompanying the material can be used in follow-up practice. About 45 minutes are required to administer the test.

Available from Learning Concepts, 2501 N. Lamar, Austin, TX 78705.

Cattell Infant Intelligence Scale. P. Cattell, 1940.

This instrument measures intelligence in children from two months to two and one-half years of age. The scale has five items for each age level.

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The levels are set at one-month intervals from one to twelve months, at two-month intervals from twelve to twenty-four months, and at three-month intervals from twenty four to thirty months. A mental age score is obtained. The test is untimed and individually administered by a person trained in the mental testing of young children. Testing time is 20 to 40 minutes. This test is often referred to as the downward extension of the Stanford-Binet Intelligence Scale.

Available from the Psychological Corporation, 1372 Peachtree St. N.E., Atlanta, GA 30309.

Detroit Tests of Learning Aptitude. H. J. Baker and B. Lehland, 1959.

This instrument, designed for persons from age three to adulthood, contains 19 subtests to measure ability in reasoning and comprehension, practical judgment, verbal ability, ability to understand time and space relationships, ability to handle numbers, auditory and visual attentive ability,and motor ability. Scoring is difficult. Grade or developmental level, mental age and IQ, and profile are given. Standardized administration and scoring are necessary, and the test is to be administered by a teacher-diognostician. Sixty minutes or more are needed for the test. Procedures must be followed carefully.

Available from Bobbs-Merrill Co., Inc., 4300 W. 62nd S., Indianapolis, IN 46268.

Gesell Developmental Kit. A. Gesell and others, 1965.

Behavioral maturity, adaptive behavior, language, and personal-social behavior are covered. The test is designed for infants at four weeks to six years of age. The test yields a developmental age or behavioral derived age. It must be administered by a diagnostician. The test requires about 30 minutes to complete, not counting a short interview with the parents of the child.

Available from Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025.

Goldman-Fristoe Test of Articulation. R. Goldman and M. Fristoe, 1969.

This test, requiring ten to 15 minutes to complete, covers consonant sounds in words and sentences. Stimulability is also tested. The appropriate age is from age two upward. A clinician is required to judge correctness between phonemes within words and sentences. A filmstrip is available as an alternative method of presenting test material.

Available from American Guidance Services, Inc., Publishers Building, Circle Pines, MN 55014.

Hiskey-Nebraska Test of Learning Aptitudes. M. S. Hiskey, 1966.

Standardized with deaf and hearing students, this test covers reading patterns, memory for color, picture identifications, picture association, paper folding, visual attention span, grammatic closure, completion of

drawings, memory for digits, puzzle books, picture analogies, and spatial reasoning. It must be administered by an experienced diagnostician. The test takes 45 to 60 minutes to complete. It is good for assessing the book-learning capability of deaf children.

Available from M. S. Hiskey, 5640 Baldwin, Lincoln, NE 68508.

Illinois Test of Psychological Ability. S. Kirk, J. McCarthy, and W. Kirk, 1968.

The ITPA assesses 12 aspects of psycholinguistic functioning in children two through ten years of age. These 12 aspects, ranging from auditory and visual reception to visual-sequential memory and sound blending, have been grouped according to channels of communication, the psycholinguistic processes, and two levels of processing--the automatic and the representational. The ITPA identifies major psycholinguistic deficits or disabilities requiring remediation. The ITPA is administered individually. Special training is required for it to be administered correctly.

Available from Univ. of Illinois Press, University of Illinois, Urbana, IL 61801.

McCarthy Scales of Children's Abilities. D. McCarthy, 1972.

The MSCA is a diagnostic instrument to determine the general intellectual level as well as strengths and weaknesses of children two and one-half through eight and one-half years of age. The MSCA is composed of 18 separate tests grouped into six scales: verbal, perceptual-performance, quantitative, general cognitive, memory, and motor. Administration time is about 45 minutes for children under five years of age.

Available from Psychological Corporation, 304 E. 45th St., New York, NY 10017.

Minnesota Preschool Scale. F. L. Goodenough and others, 1940.

This test has 26 short subtests which provide an estimate of verbal and nonverbal intelligence of a child eighteen months to six years of age. The examiner should have experience in interpretation of test scores, but the test can be given by a teacher. The test takes 30 minutes or less to administer.

Available from American Guidance Services, Inc., Publishers Building, Circle Pines, MN 55014.

Stanford-Binet Intelligence Scale. L. Terman, M. Merrill, and R. L. Thorndike, 1972.

The Stanford-Binet is composed of tasks requiring a variety of responses from children, including the identification of common objects, eye-hand coordination, word definition, practical judgments, sentence completion, and problem solving. The Stanford-Binet is based on the assumption that

samples of the verbal and sensory-motor behavior at a given age are indicative of the child's underlying mental ability. It is suitable for children as young as two years of age.

Available from Houghton Mifflin Co., 666 Miami Cir., N.E., Atlanta, GA 30324.

Vineland Social Maturity Scale. E. Doll, 1965.

The Vineland Scale assesses progress toward social maturity, competence, and independence in children beginning at birth. Items are arranged in order of increasing difficulty and represent progressive maturation in self-help, self-direction, locomotion, communication, and socialization. The scale is scored on the basis of information obtained in an interview with the parent or teacher. The interviewer needs practice and experience in administration.

Available from American Guidance Service, Inc., Publishers Building, Circle Pines, MN 55014.

Wechsler Preschool and Primary Scale of Intelligence. D. Wechsler, 1967.

This test measures verbal and performance behaviors of the preschool and older child four to six and one-half years of age. It must be administered by a trained professional. The test takes about 60 minutes to complete.

Available from Psychological Corporation, 304 E. 45th St., New York, NY 10017.

Appendix C

Curriculum Assessments Appropriate for Young Children

Assessment by Behavior Rating. E. Sharp, 1975.

ABR was developed for use by early education programs serving children two through four years of age. It is a criterion-referenced instrument based on normative assessment. Baseline information is provided in four areas of growth and development: physical, self-help, language, and social. The results can be used to group children by ability level.

Available from Elizabeth T. Sharp, Department of Special Education, College of Education, University of Arizona, Tucson, AZ 85721.

Behavioral Development Profile. M. Donahue, J. Montgomery, A. Keiser, V. Roecher, and L. Smith, 1975.

The Profile measures the development of handicapped and culturally deprived children from birth to age six and facilitates the individualized teaching of preschool children within the home setting. The items, taken from normative sources, consist of behavioral skills divided into three scales: communication, motor, and social. This criterion-referenced device is designed to measure the progress of each child in months.

Available from Marshalltown Project, 507 E. Anson, Marshalltown, IA 50158.

Bzoch-League Receptive-Expressive Emergent Language Scale. K. Bzoch and R. League, 1971

This scale aids the evaluator in investigating emerging expressive and receptive language skills in children from birth to three years of age and in detecting handicaps in language acquisition. Half the test deals with expressive language; half, with receptive language. The scale can be completed by interview with the principal caretaker, although direct observation is sometimes required. The results yield a receptive and expressive language age that can be combined.

Available from Anhinga Press, Route 2, Box 153, Tallahassee, FL 32301.

California Preschool Social Competency Scale. S. Levine, F. Elxey, and M. Lewis, 1969.

The scale is designed to measure the adequacy of interpersonal behavior and social responsiblitiy in children two through five years of age. The behaviors included are situational and were selected in terms of common cultural expectations to represent basic competencies in socialization. The rater should have considerable opportunity to observe the child in a variety of situations.

Available from Consulting Psychologists Press, 577 College Ave., Palo Alto, CA 94306.

This list is not all-inclusive. The California State Department of Education neither endorses the instruments described in this list nor restricts the use of instruments not included here.

Callier-Azuza Scales. Edited by R. Stillman, 1975.

This instrument is designed to aid in assessment and curriculum development for deaf-blind and multihandicapped children. The areas assessed are motor, perception, daily living skills, language, and socialization. The instrument is designed to be comprehensive, particularly at the lower developmental levels.

Available from Callier Center for Communication Disorders, University of Texas at Dallas, 1966 Inwood Rd., Dallas, TX 75235.

Classroom Screening. Second Edition, 1978.

This assessment device aids the classroom teacher in obtaining individual and class profiles of skills in gross motor, fine motor, self-help, social-emotional, cognitive, and language. The instrument is appropriate for children two and one-half to five years of age.

Available from Circle Preschool, 9 Lake Ave., Piedmont, CA 94611.

Criterion-Referenced Placement Tests. MAPPS Project, 1975.

These tests assess children from birth to age five to determine entry-level skills in receptive language, expressive language, and motor development. The tests may be used as pretests and post-tests to measure gain. The test items, developed from sequenced curriculum objectives, take 25 minutes to administer.

Available from Glendon Casto, MAPPS Projects, Exceptional Child Center, Utah State University, Logan, UT 84322.

The Functional Profile. Peoria Association for Retarded Citizens and United Cerebral Palsy of Peoria, 1974.

The Profile is a checklist of developmental skills to assess children from birth to six years of age in social, cognitive, gross motor, fine motor, and self-help. It determines the level of developmental functioning and aids in the planning of an individualized program. The Profile takes about one and one-half hours to complete.

Available from Constance Smiley, United Cerebral Palsy, 913 N. Western Ave., Peoria, IL 61604.

Houston Test for Language Development, 1957.

This test provides a measure of language development from infancy to age six. Observation and direct testing are required. Administration takes about 30 minutes.

Available from Houston Test Company, P. O. Box 35152, Houston, TX 77035.

Individual Child Assessment. G. Fankhauser and others, 1977.

This detailed assessment can be used by classroom or resource teachers with children twelve to seventy-two months of age. Skills are assessed in gross motor, fine motor, self-help, social-emotional, cognitive, and language. The results can help in determining short-term objectives.

Available from Circle Preschool, 9 Lake Ave., Piedmont, CA 94611

Infant Evaluation Scale. W. Gingold, P. Gingold, and G. Flamer, 1975.

This scale was developed for parents of infants six weeks to six months old to assess the developmental skills of their children. The results are shared with professionals so that parents can be assisted in examining their children's development and developing specific activities to foster that development.

Available from the Southeast Mental Health and Retardation Center, 700 First Ave. South, Fargo, ND 58102.

Koontz Child Development Program: Training Activities for the First 48 Months. C. Koontz, 1974.

This program can be used by teachers, parents, and resource staff with children who function between one and forty-eight months of age. Skills are assessed in gross motor, fine motor, social, and language skills. Training activities are included for each performance item so that an individualized curriculum is planned on the basis of assessed needs.

Available from Western Psychological Services, 12031 Wilshire Blvd., Los Angeles, CA 90025.

Learning Accomplishment Profile. A. Sanford, 1975.

The LAP provides the teacher of young handicapped children with a simple, behavior-oriented evaluation of the child's skills. Areas covered are gross motor, fine motor, socialization, self-help, cognitive, and language. A second section is aimed at establishing specific instructional objectives.

Available from Kaplan School Supply, 600 Jonestown Rd., Winston-Salem, NC 27103.

Memphis Comprehensive Development Scales. A. Quick, T. Little, and A. Campbell, 1974.

These scales determine a child's level of functioning in personal-social, gross motor, fine motor, language, and perceptual-cognitive skills. The results can be used to plan individualized prescriptive programs for young developmentally delayed children.

Available from Fearon Publishers, 6 Davis Dr., Belmont, CA 94002.

OR Project. D. Brown, V. Simmmons, and J. Methvin, 1978.

The assessment scale and accompanying curriculum are designed for young visually handicapped or blind children from birth through six years of age. Cognitive, language, self-help, socialization, and fine and gross motor areas are included. Individualized prescriptive activities are developed on the basis of this assessment.

Available from Jackson County Education Service District, 101 Grape St., Medford, OR 97501.

Portage Guide to Early Education. S. Bluma, M. Shearer, A. Frohman, and J. Hilliard, 1976.

The PGEE is comprised of 3 parts: a checklist, manual, and cards to be used in teaching behaviors included in the checklist. The checklist is a criterion-referenced assessment to pinpoint existing as well as emerging skills. The checklist also provides an ongoing record of the child's progress. The instrument was developed to assess children functioning between birth and six years of age. A total of 580 developmentally sequenced behaviors are included.

Available from the Portage Project, 412 E. Slifer St., Portage, WI 53901.

Preschool Inventory. B. Caldwell, 1970.

The purpose of the inventory is to assess achievement in areas regarded as necessary foundations for early school success. Areas tested include concept-activation-sensory, concept-activation-numerical, personal-social responsiveness, and associative vocabulary. A Spanish version is also available.

Available from Addison-Wesley Publishing Co., Inc., Jacob Way, Reading, MA 01967.

Scales of Early Communication Skills for Hearing Impaired Children. J. Moog, A. Geers, 1975

This instrument is designed to assess speech and language development of hearing impaired children beginning at two years of age. Teaching objectives can be developed by administering these four sections: receptive language, expressive language, nonverbal receptive, and nonverbal expressive.

Available from Central Institute for the Deaf, 818 S. Euclid Ave., St. Louis, MO 63110.

SEEC Developmental Wheel. J. Swanson, 1976.

This instrument assesses the behavior of children from birth to five years of age in five areas of development: intellectual (based on Piaget), social-emotional, self-help, motor, and language. An extensive developmental sequence is included to aid in educational planning.

Available from Jennie Swanson, Early Childhood Education, 894 W. Bode Road, Schaumburg, IL 60194.

Seed Reflex and Therapeutic Evaluation. G. Jorgenson, S. Wolfe, and P. Pollan, 1975.

This assessment provides information on oral and body reflex development, breathing posture, muscle tone, muscle strength, range of motion, sensation, and skin condition. It is designed for children beginning at birth. In one hour two persons with a working knowledge of reflex development or oral structure (or both) can administer the evaluation, the results of which can then be used to plan individualized activities.

Available from SEED Program, Sewall Rehabilitiation Center, 1360 Vine, Denver, CO 80206.

The Teaching Research Placement Test. H. D. Fredricks and others.

This criterion-referenced instrument was developed for moderately to severely handicapped children from birth to eight years of age. Assessed areas include language, self-help, cognition, and motor development. The instrument provides a means of developing individualized programming for handicapped children in the designated curriculum areas and is part of the Teaching Research Curriculum for Moderately and Severely Handicapped.

Available from Charles C. Thomas, Pub., 301--327 E. Lawrence Ave., Springfield, IL 62717.

Appendix D

Abstracts of Programs Serving Infant and Preschool Handicapped Children

"Me, Too" Program for Unserved Handicapped Children

FISCAL AGENCY: Office of the Solano County Superintendent of Schools

ADDRESS: 655 Washington St.
Fairfield, CA 94533

PHONE: 707-429-6418

PROJECT STAFF: Bonnie Ann Plummer, Director; infant health practitioner, infant specialist, audiologist, psychologist, speech therapist, teacher's aide

CHARACTERISTICS OF TARGET POPULATION: From birth to age three, children with a high probability of developmental disabilities, including physical handicaps, mental retardation, and other handicapping conditions, are identified, assessed, and provided with a remedial program. Newborn children referred from local hospitals and young children identified as handicapped are eligible for services.

PROGRAM FOR CHILDREN: Home and hospital-based programming is provided to all identified infants to eighteen months of age. For children over more than eighteen months of age, a combination home-based, center-based program is provided. The intervention is concentrated on five target areas: gross motor, fine motor, language, social, and self-help. Specific sensory stimulation and educational activities based on the children's assessed needs are provided.

PROGRAM FOR PARENTS: Parents participate in the governing of the project, assist in the dissemination of program information, and function as advocates for their children. Each parent is assessed on the Parental Behavior Progression Scale. Through modeling by staff, parents learn methods of presenting appropriate activities to their child.

SPECIAL FEATURES OF PROGRAM: (1) A regional public school agency providing direct service to infants in hospitals; (2) a discrepancy evaluation design to compare parent and staff perception of parenting behavior in the home; (3) development of a standardized evaulation procedure using control and experimental groups to evaluate the results of programs for high-risk infants; and (4) comprehensive child-find procedures for infants.

Infant/Family Education Project

FISCAL AGENCY: Department of Pediatrics, Charles R. Drew Postgraduate Medical School

ADDRESS: 320 E. 111th St.
Room 232
Los Angeles, CA 90059

PHONE: 213-756-1322

PROJECT STAFF: Vivian Weinstein, Director; project coordinator, early childhood education specialist, psychologist, occupational therapist, teacher aide

CHARACTERISTICS OF TARGET POPULATION: Thirty infants are served. They range in age from birth to age three. Handicapping conditions of the children include: delayed development, prematurity, hydrocephalus, deafness, seizure disorder, microcephaly, Down's syndrome, Erb's palsy, cerebral palsy, other neurological impairments, and high risk. The children and families served are drawn from the Southeast Health Services Region, Los Angeles County.

PROGRAM FOR CHILDREN: A team approach is used in the home and center to implement the seven areas of the curriculum, which are (1) feeding and toileting; (2) gross motor; (3) fine motor; (4) perceptual-motor; (5) language; (6) personal-social; and (7) physical maintenance. The learning environment is designed to be as natural as possible but with modifications so that the infants can make something happen rather than be passively manipulated.

PROGRAM FOR PARENTS: The curriculum for parents is designed to increase their knowledge, awareness, confidence, and ability to deal with their child in a positive environment. Again, the team approach is used to provide support in mother-craft skills, specialized skills for specific handicapping conditions, family interaction, parent-to-parent interaction, parent-to-professional interaction, social services, and parent advocacy.

SPECIAL FEATURES OF PROGRAM: The project helps to coordinate individuals and programs providing services to handicapped young children and their families. The goal is to develop a continuum of services.

Intervention Program for Developmentally Handicapped Infants and Children

FISCAL AGENCY: University of California, Los Angeles

ADDRESS: UCLA Intervention Program for
Handicapped Infants and
Children
23-33 Rehabilitation Center PHONE: 213-825-4821
1000 Veteran Ave.
Los Angeles, CA 90024

PROJECT STAFF: Judy Howard, Medical Director; early childhood educators (3), physical therapist, occupational therapist, program evaluator, speech therapist, social worker.

CHARACTERISTICS OF TARGET POPULATION: Approximately 35 children ranging in age from the newborn to three years of age are served. Disabilities include mental retardation, emotional disturbances, and neurological abnormalities.

PROGRAM FOR CHILDREN: The center-based program is composed of three subprograms for young infants, older infants, and toddlers. Several nonhandicapped children are integrated into the toddler group. A pool play program is held one morning each week. An orthopedic clinic, staffed by orthopedic surgeons, pediatric neurologists, and program staff, is held quarterly.

PROGRAM FOR PARENTS: Parents participate with the staff in developing the initial educational plan for their children and for the subsequent adjustments to this plan at six-month intervals. They discuss their priorities in the motor, language, play, and social areas of development with the staff, then proofread the rough copy of the program plan before the final copy is prepared. A voluntary program for parent participation is currently being developed. A social worker interviews all new parents, meets with the parent groups once each week, and is available for private discussions. The parent group also raises funds for the program.

SPECIAL FEATURES OF PROGRAM: Normal toddlers are integrated with handicapped children eighteen to thirty-five months old. New measures are being developed to assess a child's spontaneous play and play with its mother. Training is provided for students working for a master's degree in early childhood education and speech therapy, child psychiatry fellows, child development fellows, pediatric neurology fellows, and pediatric residents. One of the parents directs weekly pool play together with consultants from the staff. This program constitutes one of the primary sources used by the UCLA's Project REACH in an ongoing study.

Infant Care: Rural Handicapped Children's Early Education Project

FISCAL AGENCY: Office of the Merced County Superintendent of Schools

ADDRESS: 632 W. 13th St.
Merced, CA 95340

PHONE: 209-723-2031, Ext. 328

PROJECT STAFF: Gaye Riggs, Director; head teacher, occupational therapist, driver/bilingual aide, permit teacher, educational/evaluation aide, nurse, child abuse coordinator, MSW counselor

CHARACTERISTICS OF TARGET POPULATION: Children who range in age from the newborn to three years and who are classified as developmentally delayed, handicapped, high risk, or abused are participants with their parents. Eighteen children are currently served. All services and programs are offered on a bilingual (English and Spanish) basis.

PROGRAM FOR CHILDREN: Both home-based and center-based approaches are employed. The center-based program provides an optimal environment to facilitate all areas of development through an eclectic approach. Essential are the concepts of consistency and regularity in the environmental reinforcements of the child's positive functioning, stimulation appropriate to the individual child, and ongoing assessments. The option of center-based or home-based programs or a combination thereof is individualized. During the regular (October-through June) school year, approximately 80 percent are center-based; during summer, all are home-based.

PROGRAM FOR PARENTS: In the home approach, weekly visits focus on parent-infant interaction as the basis for enhancing cognitive, affective, and motor development of the child. This approach is based on the UCLA Infant Studies Project conducted by Rose M. Bromwich. In the center-based approach, Dr. Bromwich's Parent Behavior Progression is an assessment reference. The parent

group meets weekly for coffee during school time with a psychiatric social worker and the head teacher. Parents are encouraged to be advocates for their children. Personal counseling is available.

SPECIAL FEATURES OF PROGRAM: Special features include use of Spanish and English; approximately 20 percent of enrollment the result of child protective service referrals; parent training and advocacy training.

Full Potential Program

FISCAL AGENCY: Office of the Contra Costa County Superintendent of Schools

ADDRESS: Peres Elementary School
719 Fifth St.
Richmond, CA 94801

PHONE: 415-232-7339

PROJECT STAFF: Pendery Clark, Director; teachers (2), learning disabled cross-age tutors (4), teacher aides--senior citizens (3)

CHARACTERISTICS OF TARGET POPULATION: Fifteen to 20 language-delayed or motor-delayed children (or both), eighteen months to four years of age, are served in a center-based program by a team consisting of teachers, senior citizen aides, and learning disabled cross-age tutors. The range of language and motor delay includes a variety of handicapping conditions.

PROGRAM FOR CHILDREN: Intensive educational intervention in the areas of language and motor deficits is provided five mornings a week to prepare these children for the least restrictive placement in subsequent preschool and school programs.

PROGRAM FOR PARENTS: Continuing services include monthly meetings featuring discussion of such topics as child development, individual formal and informal conferences on the child's progress, and monthly or semimonthly home visits during which parents and family are taught how to provide appropriate language and motor reinforcement in the home.

SPECIAL FEATURES OF PROGRAM: The project, located in a public school, provides access to a learning-disabled cross-age tutor population. Close ties have been established with existing community agencies to provide maximum services to the target population.

Preschool Criterion Teaching/Parent Training Project

FISCAL AGENCY: San Juan Unified School District

ADDRESS: 4425 Laurelwood Way
Sacramento, CA 95825

PHONE: 916-483-3264

PROJECT STAFF: Kit Marshall, Director; teachers (4), transition aide, parent trainer, psychologist, speech/language pathologist, aides (4)

CHARACTERISTICS OF TARGET POPULATION: Thirty-six children three through eight years of age are enrolled in two team-teaching classrooms. Handicapping conditions include specific learning disabilities. Children are determined to be at high risk for school success. Disorders are manifested in an imperfect ability to listen, think, and speak. Failure may be predicted in learning to read, write, spell, and calculate. Numerous behavioral disorders are specified.

PROGRAM FOR CHILDREN: Intensive intervention techniques are used to accelerate learning for eventual regular class placement. Direct instruction is provided in reading, mathematics, and language. This approach does not allow for errors in what is taught or how it is taught. Engaged teaching time is approximately 90 percent. Integration into the regular program is facilitated by an integration aide to enhance transfer and generalization.

PROGRAM FOR PARENTS: Services are provided to parents on the basis of a full assessment of parent needs, incorporated in a written training plan for each parent (IPTP). Levels of training include small-group special interest meetings, written information with follow-up, and home visits to develop activity sheets for specific needs.

SPECIAL FEATURES OF PROGRAM: This specific model contains the requisite elements of an easily replicated program for learning handicapped children. Project experience in integrating these children indicates a high degree of success with this intensive approach.

SHINE Project

FISCAL AGENCY: Family Service Agency of San Francisco

ADDRESS: 3045 Santiago St.
San Francisco, CA 94116

PHONE: 415-661-7274

PROJECT STAFF: Judith Lewis, Director (.30); program director (.30), coordinator (.80), program assistant (.50)

CHARACTERISTICS OF TARGET POPULATION: Sixteen or more handicapped children ranging in age from birth to three years are served. Handicapping conditions include mental retardation, hearing impairment or deafness, speech impairment, visual handicaps, serious emotional disturbance, crippling conditions, developmental delays, and other health impairments. A majority of children have multiple handicaps.

PROGRAM FOR CHILDREN: Children are integrated with nonhandicapped children for a full day program at five or more licensed family day care homes. The curriculum is drawn from the University of Hawaii Guide and other sources as appropriate. Consultant and support services are available as needed.

PROGRAM FOR PARENTS: Parent involvement is encouraged through various methods, including parent groups, participation in designing the child's IEP, and interaction with the providers and other staff members. Through initial interview, Bromwich parental progression ratings, parent needs assessments, and six-month reassessments, the initial level of parenting skill is assessed and progress

documented. This assessment provides the basis for individualizing parent program services.

SPECIAL FEATURES OF PROGRAM: The program objectives include training family day care providers to become developmental facilitators to prevent or lessen potential retardation or developmental disabilities or both. Ongoing in-service training will be oriented toward special education and therapy. This project adds a third choice for educational and therapeutic assistance to two existing programs for young handicapped children operated by the agency's family developmental center (a center-based day care program and a weekly home visit program).

Preschool Demonstration Project

FISCAL AGENCY: San Jose State University, Institute for Research in Child Development

ADDRESS: 125 S. Seventh St.
San Jose, CA 95192

PHONE: 408-277-2669

PROJECT STAFF: Robert L. Spaulding, Director; Christopher Grossman, Coordinator; staff (5)

CHARACTERISTICS OF TARGET POPULATION: The program serves six handicapped children, two with Down's syndrome; two developmentally delayed, one visually impaired, and one with a suspected specific learning disability. Fourteen nonhandicapped children are enrolled.

PROGRAM FOR CHILDREN: The integrated classroom is organized to facilitate the use of the Piagetian curriculum. The importance of social interaction and child-motivated discovery learning is emphasized for both handicapped and nonhandicapped preschoolers. Children are viewed as learning initiators operating within carefully preplanned environments at their own developmental levels. Environments are designed to foster independence and encourage integrative peer interactions and productive use of time and materials.

PROGRAM FOR PARENTS: Opportunities for family participation include classroom observation and feedback with trained staff members, informal individual meetings, group parent meetings, child program planning sessions, periodic home visits by the parent program coordinator, specialized service referrals, and informal family social gatherings. A weekly newsletter is also distributed.

DEAL: An Early Education Reverse Mainstream Program

FISCAL AGENCY: Los Angeles Unified School District

ADDRESS: Salvin School
1925 Budlong Ave.
Los Angeles, CA 90007

PHONE: 213-731-7664

PROJECT STAFF: Addie Moore and Jill Cogan, Co-directors; coordinators (2), consultant

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM: Los Angeles Unified School District; Foundation for Early Education; Head Start

MAJOR PURPOSES: The reverse mainstream model provides for the integration of children with varying degrees of handicapping conditions (from severe to mild) with nonhandicapped children in a public school. This center serves as a demonstration and training site. The principal objective of the outreach project is to provide services to children by replicating all (or parts) of the model. DEAL (Dual Educational Approach of Learning) offers both an open-structured classroom environment, called the option period, and a teacher-selected plan of instruction called the formal period.

ACCOMPLISHMENTS TO JANUARY 1, 1979: (1) Number of persons trained; 1,200; (2) number of sites stimulated; 872; (3) attendance, from September, 1974, to January, 1979, of 1,200 teachers, parents, and other staff members from 32 Head Start agencies, 86 public school children's centers, 12 public special education schools, three parent/child centers, and 25 regular public and private schools at one-week training sessions offering two university semester credits; (4) one-day in-service program (called the "Saturday Option Time") for college credit in which weekly and special morning orientation programs for 800 persons; and (5) replication of the model components developed in at least 872 sites serving approximately 9,000 children.

Circle Preschool Outreach: Assisting Early Education Centers to Serve Exceptional Children

FISCAL AGENCY: Alpha Plus Corporation: Circle Preschool

ADDRESS: 9 Lake Ave.
Piedmont, CA 94611

PHONE: 415-655-0633

PROJECT STAFF: C. Ashford and C. Myers, Directors; consultants (4)

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM: Alameda County Mental Health Department; school districts; Regional Center of the East Bay (D.D.); State Department of Education State Preschool Program; local foundation grants; Oakland Head Start

MAJOR PURPOSES: (1) To assist day care and preschool programs to replicate Circle's mainstreaming model; (2) to serve as a demonstration site exemplifying an approach to mainstreaming; (3) to develop and disseminate materials (assessment, curriculum, staff development) that will aid teachers in the education of young exceptional children; and (4) to work closely with the California First Chance Consortium to improve the state's programs for young exceptional children.

ACCOMPLISHMENTS TO JANUARY 1, 1979: (1) Number of people trained, 300 to 465 (full model training to partial model training since August, 1976); (2) number of sites stimulated, 45; (3) start of a series of 14 three-day training

sessions on site in October, 1978, working with teams from two school districts from outside the San Francisco Bay Area during each session; and (4) about 1,000 copies of the Live Oak Curriculum distributed throughout the United States.

Early-On Program: Behavioral Assessment and Educational Planning for Multihandicapped Children

FISCAL AGENCY: San Diego State University Foundation

ADDRESS: 5300 Campanile Dr.
San Diego, CA 92182

PHONE: 714-286-6974

PROJECT STAFF: Richard Brady, coordinator; program specialists (2)

SOURCE OF CONTINUATION FUNDING FOR SERVICE DELIVERY PROGRAM: Replication sites operated with school district funds

MAJOR PURPOSES: (1) To develop exemplary procedures for delivering quality educational programs to young multihandicapped children and their families; (2) to increase the number of severely, profoundly, and multiply handicapped children receiving services through the EARLY ON model; and (3) to provide technical assistance, training and materials to agencies currently serving or preparing to serve handicapped children in home-based and school-based programs.

ACCOMPLISHMENTS TO JANUARY 1, 1979: (1) Intensive training in the EARLY ON Instructional Management System for approximately 100 preservice and in-service personnel from July 1, 1978, to January 1, 1979; (2) current operation of seven state-funded replication sites; and (3) development of various training materials, including a diagnostic teacher's handbook, a parent training manual, and self-instructional program training modules

Early Childhood Program

FISCAL AGENCY: Dubnoff Center for Child Development and Educational Therapy

ADDRESS: 10526 Victory Pl.
North Hollywood, CA 91606

PHONE: 213-877-5678

DIRECTOR: Annette Dahlman

ABSTRACT: Dubnoff's outreach program is based on the assumption that (1) children who are at developmental risk can best be helped when intervention begins at an early age; (2) such intervention, to be most effective, must consider the child's total environment; and (3) a need exists for effective ongoing evaluation for improvement of the delivery of services. Outreach provides consultations to staff of Head Start programs in providing optimal services for mainstreaming young handicapped children.

OUTREACH OBJECTIVES: (1) Provide consultative services to Head Start programs regarding services for mainstreaming young handicapped children; (2) replicate the off-site program at a Dubnoff-based on-site program; (3) provide counseling for parents; (4) increase teacher's knowledge regarding handicapping conditions.

ACCOMPLISHMENTS TO DATE: (1) Provision of services to 33 families on-site and to several hundred families off-site; (2) in-service training; (3) dissemination of project information; (4) evaluation activities; (5) bilingual parent training program; and (6) joint dissemination review panel methodology validation

Model Infant/Family Project

FISCAL AGENCY: California State University, Los Angeles Department of Special Education

ADDRESS: 5151 State University Dr. PHONE: 213-224-2739
Los Angeles, CA 90032

DIRECTORS: M. Patricia Simmons, Annette Tessier

OTHER STAFF: Pediatrician-neurologist, audiologist, occupational and physical therapists

CHARACTERISTICS OF TARGET POPULATION: Children range in age from birth to three years and are identified as high-risk, blind, deaf, deaf-blind, emotionally disturbed, mentally retarded, and multihandicapped. Many of the children reside in the bicultural, bilingual Mexican-American community surrounding the campus.

CHILD PROGRAM: The Infant/Family Project provides early home and school intervention and education. Individualized assessment, planning, and implementation are provided in the sensory, motor, cognition, language, and social and emotional areas.

PARENT PROGRAM: The active parent program provides support services to all members of the family, enhancing family-child interactions. The project aids the family in obtaining appropriate educational, medical, social, and psychological services.

Resource Access Project

FISCAL AGENCY: Child, Youth, and Family Services

ADDRESS: 1741 Silver Lake Blvd. PHONE: 213-664-2937
Los Angeles, 90026

DIRECTOR: Bea Gold

OTHER STAFF: Chris Drouin, Project Coordinator; Barbara Robbin, Assistant Coordinator

Head Start's commitment to individualization for all children, including those with handicaps, has facilitated a national thrust of mainstreaming children with exceptional needs in a setting with nonhandicapped youngsters. Head Start's effort to serve exceptional children, including the severely handicapped, has placed an increased responsibility on grantees to locate and provide specialized services and staff training. In support of the Head Start mainstreaming movement, the Administration for Children, Youth, and Families (ACYF) has established a network of 15 resource access projects (RAPs) to serve a designated number of Head Start grantees in each ACYF region throughout the nation.

The RAP serving California Head Start programs is responsible for (1) identifying local, regional, and national resources; (2) determining local Head Start needs and match these needs with available resources; (3) coordinating the delivery of services to Head Start programs; (4) providing training and technical assistance; and (5) promoting and facilitating collaborative efforts between Head Start and other agencies.

Note: This project receives Head Start funds.

Handicapped Infant/Toddler Project

FISCAL AGENCY: Child, Youth, and Family Services

ADDRESS: 672 South Lafayette Park Place
Suite 31
Los Angeles, CA 90057

PHONE: 213-386-7780

PROJECT STAFF: Bea Gold, Director; Sheila Wolfe, Coordinator; special educator; occupational therapist; child/family educator; program evaluator; medical psychological, language and social service consultants

CHARACTERISTICS OF TARGET POPULATION: The project services children, birth through three, with a variety of handicapping conditions and their families. Priority for services is given to families from the Pasadena area who are Head Start eligible.

PROGRAM FOR CHILDREN: A developmentally oriented team approach is used to assess and individually plan for each child and family. Services include a home-based program for children birth through eighteen months and their families, and a mainstreamed, center-based program for children over eighteen months and their families. Parent groups and other family activities are included in both the home- and center-based programs.

PROGRAM FOR PARENTS: Parents are considered primary team members and are involved as much as possible in their child's assessment and in the development, delivery, and evaluation of the individual child/family plan. The project also provides parent education and support groups and assists families in locating and working with other health, social service, and community agencies.

SPECIAL FEATURES OF PROGRAM: (1) family oriented services for children with handicaps, birth through three years of age; (2) individualized curriculum/ program plans which include the areas of health, education, therapy, and social services; (3) development of interagency coordination for the provision of child/family services; (4) development of an information and retrieval system to monitor the continuity of services; (5) project evaluation to assess the effectiveness of the program.

Intensive Care Nursery Interact Project

FISCAL AGENCY: Children's Hospital Medical Center

ADDRESS: Child Development Center
Children's Hospital Medical Center
51st and Grove Streets
Oakland, CA 94609

PHONE: 415-428-3351

PROJECT STAFF: Nancy Sweet, Administrative Director; Richard Umansky, M.D., Medical Director; Kathy Vandenberg and Bette Flushman, Infant Educators; I.C.N. Follow-up Nurse

CHARACTERISTICS OF TARGET POPULATION: A total of 136 medically high risk infants, prone to developmental disabilities by reason of prematurity and serious neonatal illness. These infants are identified in the Intensive Care Nursery of Children's Hospital Medical Center, a tertiary treatment resource for N.I.C.U.'s in the northern California area.

PROGRAM FOR CHILDREN: Developmental intervention which begins in the Intensive Care Nursery at Children's Hospital, continues when recovering infants are returned to local secondary care I.C.N.'s, and extends into the infant's home upon release. Developmental intervention is based on neonatal assessment and multidisciplinary review. Individual Developmental Intervention Plans include daily developmental therapy goals, environmental modifications, and procedures for participation of parents and I.C.N. nurses. Neonatal assessment, home-based follow up, and developmental therapy if needed will be provided during the first year of life.

PROGRAM FOR PARENTS: Education and support which will facilitate attachment, care, and developmentally appropriate interaction with the high risk infant beginning in the intensive care nursery and later at home.

SPECIAL FEATURES OF PROGRAM: (1) Model which combines developmental intervention in the Intensive Care Nursery with comprehensive neonatal follow up during the first year of life. (2) Training and participation of I.C.N. nurses at Children's Hospital, I.C.N. and selected secondary care I.C.N.'s in developmental intervention with high risk infants.

Center for Education of the Infant Deaf (CEID)

FISCAL AGENCY: Hearing Society for the Bay Area

ADDRESS: Hearing Society for the Bay Area
1428 Bush Street
San Francisco, CA 94109

PHONE: 415-775-5700
(TTY) 415-776-DEAF

PROJECT STAFF: Jill Boxerman and Mary Molacavage, Co-Directors

PROJECT DESCRIPTION: Center for the Education of the Infant Deaf (CEID) is a comprehensive interdisciplinary program offering early educational intervention, parent education, professional outreach, and community deaf adult participation for deaf and multihandicapped deaf children from birth to three years of age who reside in San Francisco. The CEID educational program is in a multicultural setting.

San Francisco Infant Program

FISCAL AGENCY: Frederick Burk Foundation for Education, San Francisco State University, with funding from Bureau of Education for the Handicapped

ADDRESS: c/o Sunshine School
2730 Bryant St.
San Francisco, CA 94110

PHONE: 415-641-0996
285-2191

PROJECT STAFF: Marci J. Hanson, Ph.D., Project Director; special education infant teacher; physical therapist; parent coordinator; medical consultant; speech consultant; psychologist consultant; student teachers

CHARACTERISTICS OF TARGET POPULATION: There are 80 children in the program. Criteria for acceptance are (1) 0--4.9 years of age; (2) residence outside San Diego City; (3) one year's delay in one of five developmental areas of identified "at risk"; (4) no other public school program available.

PROGRAM FOR CHILDREN: The primary goal of the San Francisco Infant Program is to provide early intervention services to young handicapped and developmentally delayed infants and toddlers and their families residing in the Bay Area. Training is given to children across all behavioral areas of development: gross motor, fine motor, cognitive, communication, self-help, and social. A combination school and home-based program is provided to infant and toddler groups.

PROGRAM FOR PARENTS: Parent involvement is encouraged through parent training and support groups. Parents participate directly in the child training in the classroom and at home, serve on the Advisory Council to the program, and function as advocates for their children.

SPECIAL FEATURES OF PROGRAM: (1) Location in the public school; (2) practicum site for training of San Francisco State students.

Preschool Experimental

FISCAL AGENCY: Napa County Superintendent of Schools

ADDRESS: 4032 Maher Street
Napa, CA 94558

PHONE: 707-224-3151

PROJECT STAFF: Bernice Bettencourt, Director; special education teachers (11); speech and language clinicians (2); occupational and/or physical therapists (2); and a psychologist.

CHARACTERISTICS OF TARGET POPULATION: Children who are physically, communicatively, and/or severely handicapped as defined in PL 94-142 guidelines are eligible for this program. It covers children from birth to five, and currently serves 95 children.

PROGRAM FOR CHILDREN: A combination of programs is offered, based on a child's needs. Children can be served in a home-based program one hour per week and/or a self-contained or integrated classroom for up to five days per week. Transportation is provided by the program. Social service agencies used in the program include Public Health, North Bay Regional Center, and California Children's Services.

The program follows a developmental model, balancing specific short-term objectives and structured setting with discovery and broad goals.

Instruction is given across all developmental areas, using materials from the San Juan Handicapped Infant Project, and Brigance, Circle Preschool, and the Learning Accomplishment Profile. Percentage of one-on-one instruction varies with program setting, from 100 percent at home to as little as 10 percent in an integrated setting.

PROGRAM FOR PARENTS: The program subscribes to the principle that parents are the primary teachers. Parents actively participate in the program as volunteers. Besides participating with the children in a classroom setting, parents are involved in group meetings and the home visits. Group individual meetings vary in frequency from often to seldom.

Project HOPE

FISCAL AGENCY: San Diego County Department of Education

ADDRESS: 6401 Linda Vista Road
San Diego, CA 92111

PHONE: 714-292-3700

PROJECT STAFF: Virginia McDonald, Director; teachers certified in early childhood and special education (4); paraprofessionals (5); parents/volunteers (3); speech/language clinician (1); an occupational/physical therapist; a psychologist; and a school nurse.

CHARACTERISTICS OF TARGET POPULATION: There are 80 children in the program. Criteria for acceptance are: "(1) 0-4.9 years of age; (2) reside outside San Diego City; (3) one year's delay in one of five developmental areas of identified "at risk;" (4) no other public school program is available."

PROGRAM FOR CHILDREN: The program alternates biweekly home visits with small-group, parent/infant/toddler meetings. The small-group sessions are an effective means of presenting information on child development, provide an opportunity for staff to model, provide parents with a support system of other parents, and reduce the isolation of an exclusively home-based program. Whenever possible, placement is made in Headstart or a state preschool program. All developmental areas are covered in the program instruction. Eighty percent of instructional time is spent on a one-to-one basis.

PROGRAM FOR PARENTS: Parents are provided an instruction program for their child on an individual basis in the home. In addition, regional meetings for parents are held twice a month in which five or six parents come together to participate in a parent education program using a staff developed parent curriculum.

SPECIAL FEATURES OF THE PROGRAM: The program is available for visitation/observation, workshops/training on site, and phone and/or mail consultation. Technical assistance has been limited to the San Diego area, where it has been provided to Headstart, state preschools, and other agencies upon request.

Materials developed by the program include standard release and parent consent forms and IEP forms; a descriptive flyer for the program; a resource directory of agencies serving young children with special needs; a series of materials for parents to use with their child that explains the sensory systems and appropriate activities; and a manual for program managers to use as training materials with home teachers.

Integrated Prekindergarten Program

FISCAL AGENCY: Berkeley Unified School District

ADDRESS: Special Education Services
3081 King St.
Berkeley, CA 94703

PHONE: 415-644-6210

PROJECT STAFF: Lottie Rosen, Director; special education teachers (3); paraprofessionals (6); speech and language clinicians (2); a psychologist, a health consultant, and a sensory-motor training specialist.

CHARACTERISTICS OF TARGET POPULATION: This special education program serves learning, physically, and communicatively handicapped children aged three through five. Twenty-two children are integrated into three childrens' centers and one parent nursery site. Each child has an IEP, which is supervised by a special education teacher. In order to be eligible for the program, the child must be handicapped, be a Berkeley resident, have parental consent, and be able to benefit from placement in an integrated setting.

PROGRAM FOR CHILDREN: Children spend 50 to 95 percent of the time in an integrated setting in a center program. The program has a balance of structured and open activities. Instruction is given across all developmental areas. Special equipment is available for the orthopedically handicapped.

PROGRAM FOR PARENTS: Parents participate in the program as teachers, members of the planning team, and advisory council members. Parents meet with the special education staff regularly. Group meetings of staff and parents are held monthly, with individual contact as often as needed.

Sacramento County Infant Program

FISCAL AGENCY: Sacramento County Schools

ADDRESS: Infant Development Program
Sacramento County Schools
9738 Lincoln Village Dr.
Sacramento, CA 95827

PHONE: 916-366-2591

PROJECT STAFF: Carolu McGagin, Program Administrator; special education teachers; nurses; occupational therapists; physical therapists; consultants

The program serves over 200 children with developmental disabilities or delays, birth through three years of age, and their families, 220 days per year. The program represents a continuation and expansion of the San Juan Pilot Program developed under EHA,Title VI-B.

Services are delivered through five infant centers located throughout Sacramento County. Each center is staffed with a full-time intradisciplinary team consisting of a credentialed special education teacher, credentialed nurse, and pediatric therapist (either a registered physical therapist or an occupational therapist). Three to four paraprofessional infant technicians are assigned to each center and work as a liaison between the professional team and the child's parents in the home setting. Each center has an aide, and one full-time speech/language/hearing specialist serves the entire program. Psychological services and/or counseling are provided by Alta California Regional Center, County Office psychologists, and/or a contract psychologist (to administer the Bayley Scales of Infant Development).

The main goal of the program is to train parents (or whoever the primary care-giver is) to work with their own child, and major program emphasis is on the home visitation component. Additional services/components include: parent/infant groups at the center every other week, biweekly transition group for low functioning and/or severely physically involved children, and biweekly toddler group for more ambulatory children and those preparing to move into other special education programs at age three. Therapy is provided, under physician prescription, by the pediatric therapists on staff. Parent education meetings are also held at each of the centers. Administration has also sought to involve parents and community agency representatives in an advisory committee.

Other Publications Available from the Department of Education

Handicapped Infant and Preschool Children: Program Guidelines is one of approximately 450 publications that are available from the California State Department of Education. Some of the more recent publications or those most widely used are the following:

Accounting Procedures for Student Organizations (1979)	$ 1.50
An Assessment of the Writing Performance of California High School Seniors (1977)	2.75
Bicycle Rules of the Road in California (1977)	1.50
Bilingual Program, Policy, and Assessment Issues (1980)	3.25
California Guide to Parent Participation in Driver Education (1978)	3.15
California Private School Directory	5.00
California Public School Directory	11.00
California Public Schools Selected Statistics	1.50
California School Energy Concepts (1978)	.85
California Schools Beyond Serrano (1979)	.85
Child Care and Development Services: Report of the Commission to Formulate a State Plan (1978)	2.50
Discussion Guide for the California School Improvement Program (1978)	1.50*†
District Master Plan for School Improvement (1979)	1.50*
Education of Gifted and Talented Pupils (1979)	2.50
English Language Framework for California Public Schools (1976)	1.50
Establishing School Site Councils: The California School Improvement Program (1977)	1.50*†
Foreign Language Framework for California Public Schools (1980)	2.50
Genetic Conditions: A Resource Book and Instructional Guide (1977)	1.30
Guidance Services in Adult Education (1979)	2.25
Guide for Multicultural Education: Content and Context (1977)	1.25
Guide for Ongoing Planning (1977)	1.10
Guide to California Private Postsecondary Career Education (1980)	5.00
Guidelines and Procedures for Meeting the Specialized Health Care Needs of Students (1980)	2.50
Guidelines for Evaluation of Instructional Materials with Respect to Social Content (1980)	1.15
Handbook for Instruction on Aging (1978)	1.75
Handbook for Planning an Effective Reading Program (1979)	1.50*
A Handbook Regarding the Privacy and Disclosure of Pupil Records (1978)	.85
Health Instruction Framework for California Public Schools (1978)	1.35
History–Social Science Framework for California Public Schools (1981)	2.25
Improving the Human Environment of Schools (1979)	2.50
Liability Insurance in California Public Schools (1978)	2.00
Manual of First Aid Practices for School Bus Drivers (1980)	1.25
New Era in Special Education: California's Master Plan in Action (1980)	2.00
Parents Can Be Partners (1978)	1.35†
Pedestrian Rules of the Road in California (1979)	1.50
Pedestrian Rules of the Road in California–Primary Edition (1980)	1.50
Physical Education for Children, Ages Four Through Nine (1978)	2.50
Physical Performance Test for California, Revised Edition (1981)	1.50
Planning for Multicultural Education as a Part of School Improvement (1979)	1.25*
Planning Handbook (1978)	1.50*
Proficiency Assessment in California: A Status Report (1980)	2.00
Publicizing Adult Education Programs (1978)	2.00
Putting It Together with Parents (1979)	.85†
Reading Framework for California Public Schools (1980)	1.75
Report of the Ad Hoc Committee on Integrated Educational Programs (1978)	2.60
Science Framework for California Public Schools (1978)	1.65
State Guidelines for School Athletic Programs (1978)	2.20
Student Achievement in California Schools	1.25
Students' Rights and Responsibilities Handbook (1980)	1.50†
Teaching About Sexually Transmitted Diseases (1980)	1.65
A Unified Approach to Occupational Education: Report of the Commission on Vocational Education (1979)	2.00

Orders should be directed to:

California State Department of Education
P.O. Box 271
Sacramento, CA 95802

Remittance or purchase order must accompany order. Purchase orders without checks are accepted only from government agencies in California. Sales tax should be added to all orders from California purchasers.

A complete list of publications available from the Department may be obtained by writing to the address listed above.

†Also available in Spanish, at the price indicated.
*Developed for implementation of AB 65.

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